



Utah Department

Outcomes Report

Results Oriented Information

Robin Arnold-Williams, DSW
Executive Director

Prepared by:
Brad McGarry, Carol Cook and
Ray Winger

November 2003

Utah!
Where ideas connect

INTRODUCTION

Purpose

The Department of Human Services outcomes effort is critical to the Department's ability to answer the following questions:

- Does the Department make a difference in the lives of those it serves, in the communities in which it operates, and as an organization?
- Is the Department operating as efficiently and effectively as possible?

This report focuses primarily on the first question; however, Department agencies are reporting data semi-annually to answer both of these questions. Department agencies are held accountable for their performance on these measures and will use the information to make resource and programmatic decisions.

Process

The Department of Human Services has produced this report for the past seven years to highlight the results of Department efforts. In FY00, the Department revised the process for determining which measures to report and the process for collecting and reporting these data based on feedback from its agencies. For the FY00 report, each agency within the Department was asked to identify the data elements they use 1) for decision-making and 2) to determine whether their agency is effective. Discussions were held with groups from each agency, including the agency's director and research staff. The measures were then revised, and a number were selected for this report. This process ensured that the measures provided in the FY00 report were meaningful to the respective agencies as well as to the overall Department. Since then, agencies have been refining, adding, or deleting measures to ensure the data reflect the agencies' goals and operations.

At the Department level, staff have been working with agencies to establish a common language regarding the information we collect. We use the following definitions:

Outcome (or result): a condition of well-being for those we serve.

Indicator: A measure that helps quantify the achievement of a result.

Performance Measure: A measure of how well an agency or program service delivery is working.

In previous years, the Department reported indicators and performance measures associated with broad goals but had not identified Department-wide outcomes. The Department has identified the following outcomes:

- Children, Adults and Families are Safe from Further Abuse.
- Children, Adults and Families live in Safe, Supportive Communities.
- Children and Adult Consumers Have Stable Living Arrangements that Provide Long-Term Nurturing Relationships.
- Consumer Independence/Self-Sufficiency is Maximized.

- Consumer Quality of Life is Improved.
- The Department Maintains Public Trust.
- The Department Delivers Quality Services.

All measures reported in this report help demonstrate the Department's progress toward these outcomes.

Description

This report is organized by Department outcome. The measures are displayed on a single page, which includes a graphic showing the data trends, a definition of the measure, an analysis of the data, and the future actions the agency plans to take based on the data.

In general, more than one agency provides services to support each outcome. However, because of the variations in services provided by each agency, not every outcome is applicable to every agency. For this reason, not every agency reports data for every outcome.

The introduction page to each section will show whether the measures were provided in previous reports or whether they are new measures.

Future Actions

The Department of Human Services and its agencies consider this effort a "work in progress." The Department and its agencies will continue to refine the measures over time to ensure they remain meaningful. In addition, a number of agencies identified measures they would like to report but do not currently have a data source. As new data sources become available and agency priorities shift, measures may be added.

The Department is committed to collecting, analyzing, and using performance data to determine whether the Department's efforts to serve its clients are effective. Any comments or suggestions to this report are welcomed by Robin Arnold-Williams, the Department Executive Director, at (801) 538-4001, or E-mail dirdhs@utah.gov. This report is also available on the Department of Human Services Web Site at www.dhs.utah.gov.

ACKNOWLEDGEMENTS

As with most Department projects, this Outcomes Report involved the efforts of many people. The following people in the Department of Human Services Data Group and agency directors have been particularly diligent in ensuring the final product is accurate and readable:

Division of Aging and Adult Services (DAAS)

Director: Helen Goddard
Data Contacts: Randy Moon, Ron Stromberg

Division of Child and Family Services (DCFS)

Director: Richard Anderson
Data Contacts: Navina Forsythe, Linda Prince

Division of Substance Abuse and Mental Health (DSAMH)

Director: Randy Bachman
Data Contact: Craig Colton, Shawn Peck

Division of Services for People with Disabilities (DSPD)

Director: Fran Morse
Data Contacts: Jennifer Leaver

Division of Youth Corrections (DYC)

Director: Blake Chard
Data Contacts: John Dewitt, Jeff Wells

Office of Fiscal Operations (OFO)

Director: Vaughn Emett
Data Contact: Les Roberts

Office of Human Resources (OHR)

Director: John Mathews
Data Contact: Patty Young

Office of Recovery Services (ORS)

Director: Emma Chacon
Data Contact: Arlene Call

Office of Child Protection Ombudsman (OCPO)

Director: Craig Monson
Data Contact: Carol Cook

Office of Services Review (OSR)

Director: Craig Monson
Data Contact: Ray Winger

A special thank you to all those names above and to all Department staff that contribute to the delivery of services highlighted in this report.

TABLE OF CONTENTS

INTRODUCTION	i
ACKNOWLEDGEMENTS	iii
TREND FROM PREVIOUS YEAR	vi
DEPARTMENT OUTCOMES	ix
DEPARTMENT INFORMATION	
The Budget	x
The Staff	xi
The Clients Served by Programs	xii
OUTCOMES	
<u>Outcome: Children, Adults and Families are Safe from Further Abuse</u>	<u>1</u>
Cases with Subsequent Substantiated Allegations within 1 Year of Case Closure (DCFS)	2
Children, Previously in Custody, Re-entering Out-of-Home Care within 6, 12, 18 Months (DCFS)	3
Substantiated Adult Protective Services Referrals Receiving a Second Referral (DAAS)	4
Domestic Violence Victims Sheltered (DCFS)	5
<u>Outcome: Children, Adults and Families live in Safe, Supportive Communities</u>	<u>7</u>
Average Number of Arrests from Admission to Discharge (DSAMH)	8
Youth Clients with Reduced Number of Offenses within 12 Month Period (DYC)	9
AWOLs from the Youth Corrections System (DYC)	10
<u>Outcome: Child and Adult Consumers have Stable Living Arrangements that Provide Long-Term, Nurturing Relationships</u>	<u>11</u>
Children Achieving Permanency within 12 Months of Entering Custody (DCFS)	12
Length of Time a Child Spends in Foster Care Prior to Adoption (DCFS)	13
Placements per Service Episode for Youth in Foster Care (DCFS)	14
Placements per Youth in Youth Corrections (DYC)	15
Children with Disabilities Receiving Services who Live at Home (DSPD)	16
<u>Outcome: Consumer Independence/Self-Sufficiency is Maximized</u>	<u>17</u>
Eligible Adults Receiving Services from the Alternatives, Waiver, and Respite Programs (DAAS) ...	18
Non-Public Assistance Child Support Cases Paying on Current Orders (where order established) (ORS)	19
Total Child Support Paid to Parents (ORS)	20
Clients Employed at Discharge (DSAMH)	21
Adults Participating in Integrated Community Employment (DSPD)	22
Educational Status of Youth (18 and over) who Exited Care (DCFS)	23
Clients with Improved Living Conditions (DSAMH)	24

<u>Outcome: Consumer Quality of Life is Improved</u>	25
Frequency of Use of Primary Drug at Discharge (DSAMH).....	26
Client Status from Admission to Follow-up in Community Mental Health Centers (DSAMH).....	27
Patient Outcome Status from Admission to Follow-up in the Utah State Hospital (DSAMH)	28
Clients Re-admitted to the Utah State Hospital within Six Months of Discharge (DSAMH)	29
Adult Clients Saying Services Help Them Deal More Effectively with Daily Problems (DSAMH)	30
 <u>Outcome: The Department Maintains the Public Trust</u>	31
Total Medicaid Collections (ORS)	32
Total Medicaid Cost Avoidance (ORS)	33
Public Assistance Child Support Cases who are Paying on Current Orders [where order established] (ORS).....	34
 <u>Outcome: The Department Delivers Quality Services</u>	35
Adherence to Preferred/Best Practices.....	37
Provider Agencies Meeting Criteria for Successful Results on First Review (DSPD)	38
Qualitative Case Reviews Passing the Overall Scores (OSR)	39
Cases Reaching Goal on Case Process Review (OSR).....	40
Mental Health Services Consistent with Preferred Practice Guidelines (DSAMH).....	41
 Consumer Satisfaction	43
Clients Satisfied with Services	44
Clients Feeling they were Included in Decisions about Services (DSAMH)	45
Valid Complaints to Office of Child Protection Ombudsman (OCPO)	46
Percent of DCFS Cases in the Qualitative Case Review that Scored Acceptably on the Overall Satisfaction Indicator (OSR) NEW	47
 Consumer Accessibility to Services	49
Utah Population Needing Services Served by the Mental Health and Substance Abuse Systems (DSAMH).....	50
Adult Mental Health Clients Saying they were Able to Get Services they Needed (DSAMH)	51
Children in DCFS Custody who have Initial Health and Dental Exams within Specified Time Frames.....	52
 Consumer Responsibility	53
Families with Children Receiving Services from DHS Paying on Current Orders (where order is established) (ORS).....	54
Victim Restitution Paid and Community Service Hours Completed (DYC).....	55
Substance Abuse Clients who Successfully Discharge from Treatment (DSAMH).....	56
AWOLs from the Utah State Hospital (DSAMH)	57
Paternity Resolved (ORS)	58
 Staff Management.....	59
Employees Leaving their Position at the State (OHR)	60
 SUMMARY	61

TREND FROM PREVIOUS YEAR



Indicator Improved from Previous Year


















Indicator Declined from Previous Year



Indicator Same as Previous Year

OUTCOMES		Change from FY02
<i>Outcome: Children, Adults and Families are Safe from Future Abuse</i>		
Cases with subsequent substantiated allegations within 1 year of case closure. (DCFS)		
Children, previously in custody, re-entering out-of-home care within 6, 12, 18 months. (DCFS)		
Substantiated adult protective services referrals receiving a second referral. (DAAS)		
<i>Outcome: Children, Adults and Families Live in Safe, Supportive Communities</i>		
Average number of arrests after admission. (DSAMH)		
Youth clients with reduced number of offenses during a 12-month period. (DYC)		
AWOLs from the Youth Corrections system. (DYC)		
<i>Outcome: Child and Adult Consumers have Stable Living Arrangements that Provide Long-Term, Nurturing Relationships</i>		
Children achieving permanency within 12 months of entering DCFS custody. (DCFS)		
Length of time a child spends in foster care prior to adoption. (DCFS)		
Foster care placements per service episode. (DCFS)		
Placements per youth in Youth Corrections. (DYC)		
Children with Disabilities Receiving Services who Live at Home		
<i>Outcome: Consumer Independence/Self-Sufficiency is Maximized</i>		
Eligible adults receiving services from DAAS Alternatives, Waiver, and Respite programs. (DAAS)		
Non-public assistance child support cases paying on current orders (where order established). (ORS)		
Total child support paid to parents. (ORS)		

OUTCOMES (cont.)	Change from FY02
Clients employed at discharge. (DSAMH)	
Adults participating in integrated community employment. (DSPD)	
Educational status of youth (18 and over) who exited care. (DCFS)	
Clients with improved living conditions. (DSAMH)	
Outcome: Consumer Quality of Life is Improved	
Frequency of use of primary drug at discharge. (DSAMH)	
Client status from admission to follow-up in Community Mental Health Centers. (DSAMH)	
Clients whose status improved from admission to follow-up in the Utah State Hospital. (DSAMH)	
Clients re-admitted to the Utah State Hospital within 6 months of discharge. (DSAMH)	
Adult clients saying services help them deal more effectively with daily problems. (DSAMH)	
Outcome: Department Maintains Public Trust	
Total Medicaid collections. (ORS)	
Total Medicaid cost avoidance. (ORS)	
Public assistance child support cases who are paying on current orders (where order established). (ORS)	
Outcome: Department Delivers Quality Services	
► Adherence to Preferred / Best Practices	
Provider agencies meeting criteria for successful results on first review. (DSPD)	
Qualitative Case Reviews passing the overall score for Client and Family Status. (OSR)	
Cases reaching goal on Case Process Review. (OSR)	
Mental health services consistent with preferred practice guidelines. (DSAMH) (This data is being calculated in a new way, so data from past years isn't available.)	N/A



Indicator Improved from Previous Year



Indicator Declined from Previous Year



Indicator Same as Previous Year

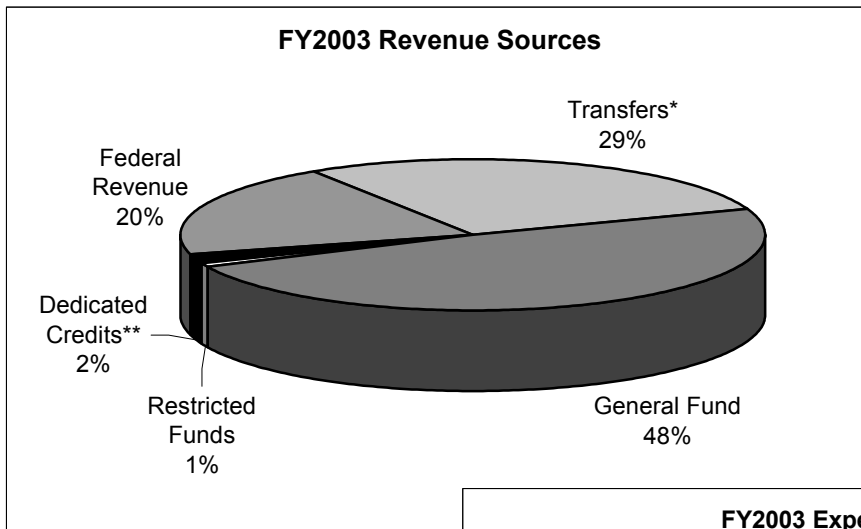
OUTCOMES (cont.)		Change from FY02
► Consumer Satisfaction		
Clients satisfied with services.		
Clients feeling they are included in decisions about services. (DSAMH)		
Valid complaints to the Office of Child Protection Ombudsman. (OCPO)		
Percent of DCFS Cases in the Qualitative Case Review that Scored Acceptably on the Overall Satisfaction Indicator (OSR)		
► Consumer Accessibility to Services		
Utah population needing services served by the Mental Health and Substance Abuse Systems. (DSAMH)		
Adult clients saying they were able to get services needed. (DSAMH)		
Children in DCFS custody who have initial health and dental exams within specified time frames. (DCFS)		
► Consumer Responsibility		
Families with children receiving services from DHS who are required to pay support paying on current orders. (ORS)		
Victim restitution paid and community service hours completed. (DYC)		
Substance abuse clients who successfully discharge from treatment. (DSAMH)		
AWOLs from the Utah State Hospital. (DSAMH)		
Paternity resolved. (ORS)		
► Staff Management		
Employees leaving their position at the State. (OHR)		

DEPARTMENT OUTCOMES

- ☐ **CHILDREN, ADULTS, AND FAMILIES ARE SAFE FROM FURTHER ABUSE**
- ☐ **CHILDREN, ADULTS, AND FAMILIES LIVE IN SAFE, SUPPORTIVE COMMUNITIES**
- ☐ **CHILD AND ADULT CONSUMERS HAVE STABLE LIVING ARRANGEMENTS THAT PROVIDE LONG-TERM, NURTURING RELATIONSHIPS**
- ☐ **CONSUMER INDEPENDENCE/SELF-SUFFICIENCY IS MAXIMIZED**
- ☐ **CONSUMER QUALITY OF LIFE IS IMPROVED**
- ☐ **THE DEPARTMENT MAINTAINS PUBLIC TRUST**
- ☐ **THE DEPARTMENT DELIVERS QUALITY SERVICES**

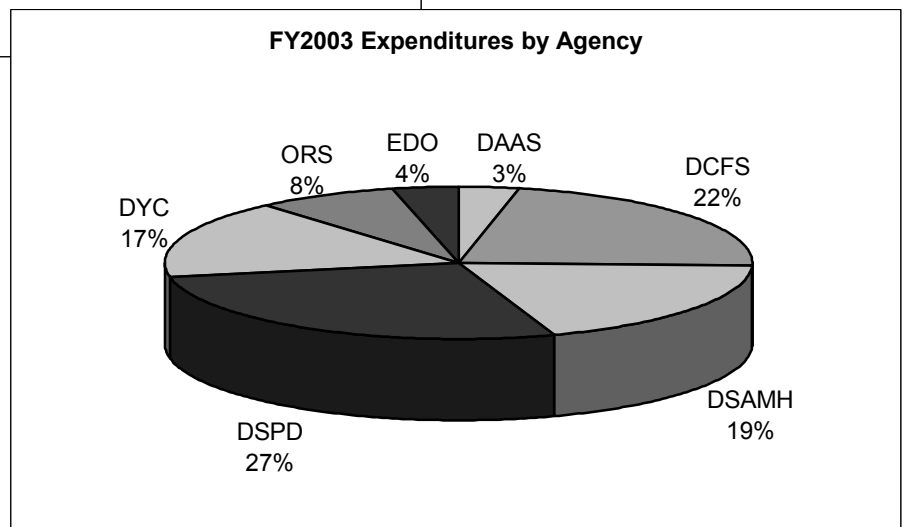
DEPARTMENT INFORMATION

The Budget



* *Transfers (mainly Medicaid from the Department of Health)*

** *Collections from fees, Medicare, Office of Recovery Services, etc.*

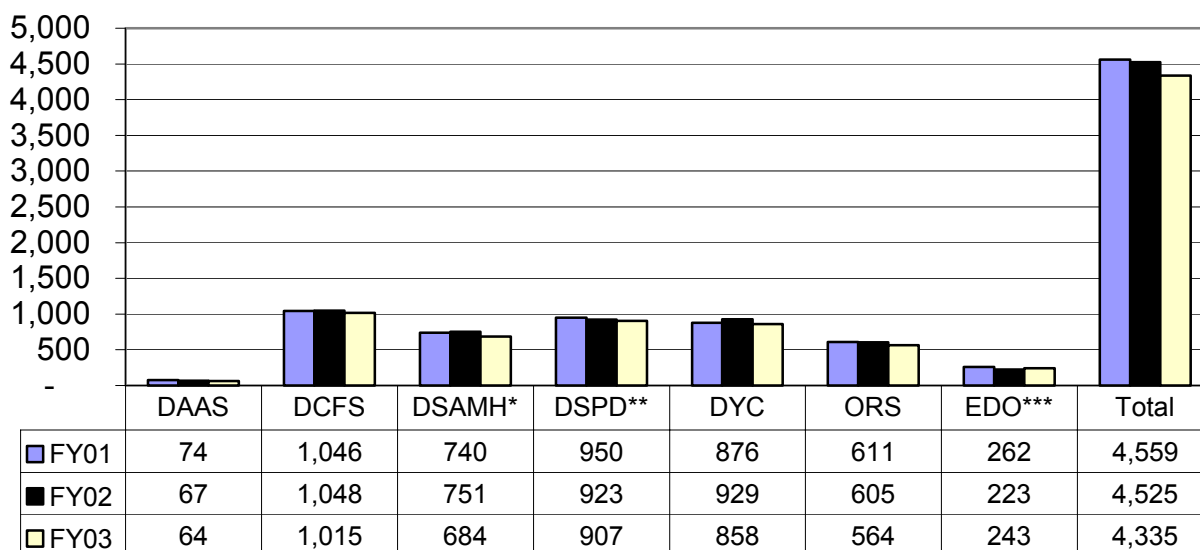


FY2003 Expenditures

Aging and Adult Services	\$ 17,621,000
Child and Family Services	\$120,430,000
Substance Abuse & Mental Health	\$104,659,000
Drug Courts	\$ 1,647,000
Services for People with Disabilities	\$147,084,000
Youth Corrections	\$ 90,248,000
Recovery Services	\$ 41,608,000
Executive Director's Office	\$ 20,080,000
Total	\$543,377,000

The Staff

**Number of DHS Employees by Division
FY01-FY03 (not including temporary employees)**

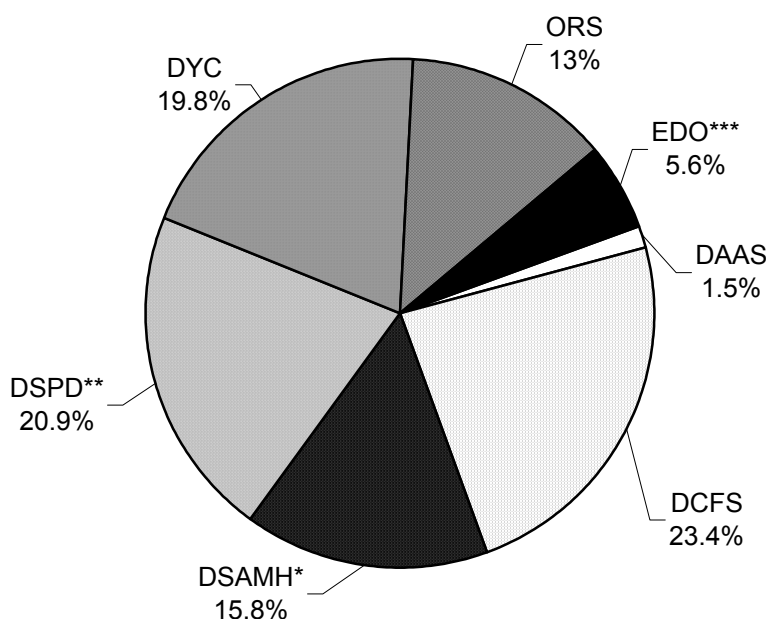


* The Divisions of Mental Health and Substance Abuse combined in FY02. Data includes the Utah State Hospital.

** Includes the State Developmental Center.

***Includes the Executive Director's Office, Administrative Support, Technology, Fiscal Operations, Human Resources, and Administrative Hearings.

**% of DHS Employees in Each Agency
FY03**



Clients Served by Programs

The tables below show the number of clients served by major programs within each division. The numbers are unduplicated within programs (each person served by a program is counted only once). However, for some divisions, the numbers are duplicated across programs (a person served by two programs would be counted twice). Therefore, the numbers cannot be added to determine the total number of clients served by the division. Where totals are presented, the division was able to provide an unduplicated number.

<i>Division of Child and Family Services</i>		
	<u>FY02</u>	<u>FY03</u>
<u>Total Served</u>	53,551	51,135
CPS Clients	26,875	28,475
In-Home	21,654	18,537
Foster Care *	3,679	3,677
Foster Care **	2,027	2,024
<i>* Total Served Throughout the Year</i>		
<i>** Number in Foster Care as of July 1, 2003</i>		

<i>Division of Youth Corrections</i>		
	<u>FY02</u>	<u>FY03</u>
<u>Total Served</u>	8,310	8,336
<u>Average Daily Count</u>	297	301
Secure Detention	792	756
Community Placements	71	77
Observation & Assessment	231	223
Secure Facilities		

<i>Division of Services for People with Disabilities</i>		
	<u>FY02</u>	<u>FY03</u>
<u>Total Served</u>	4,107	4,286
Community Living	1,306	1,423
Day Support	1,497	1,673
Family Support	1,406	1,480
Supported Living	667	743
Supported Employment	946	956

<i>Division of Aging and Adult Services</i>		
	<u>FY02</u>	<u>FY03</u>
Congregate Meals	22,528	23,175
Home Delivered Meals	9,561	9,158
Alternatives Program	1,865	1,803
Waiver Program	786	815
Respite Care	419	294
Adult Protective Svcs	2,057	2,296

<i>Division of Substance Abuse and Mental Health</i>				
<i>Substance Abuse Services</i>			<i>Mental Health Services</i>	
	<u>FY02</u>	<u>FY03</u>		
<u>Total Served</u>	23,176	21,401	<u>Total Served</u>	44,202
Detoxification	2,865	2,781	Outpatient Treatment	42,651
Residential	2,955	3,027	Day Treatment	3,376
Outpatient	16,375	15,479	Residential Support	591
DUI Services	5,044	4,578	Residential Treatment	2,727
			Inpatient Treatment	1,856

OUTCOMES

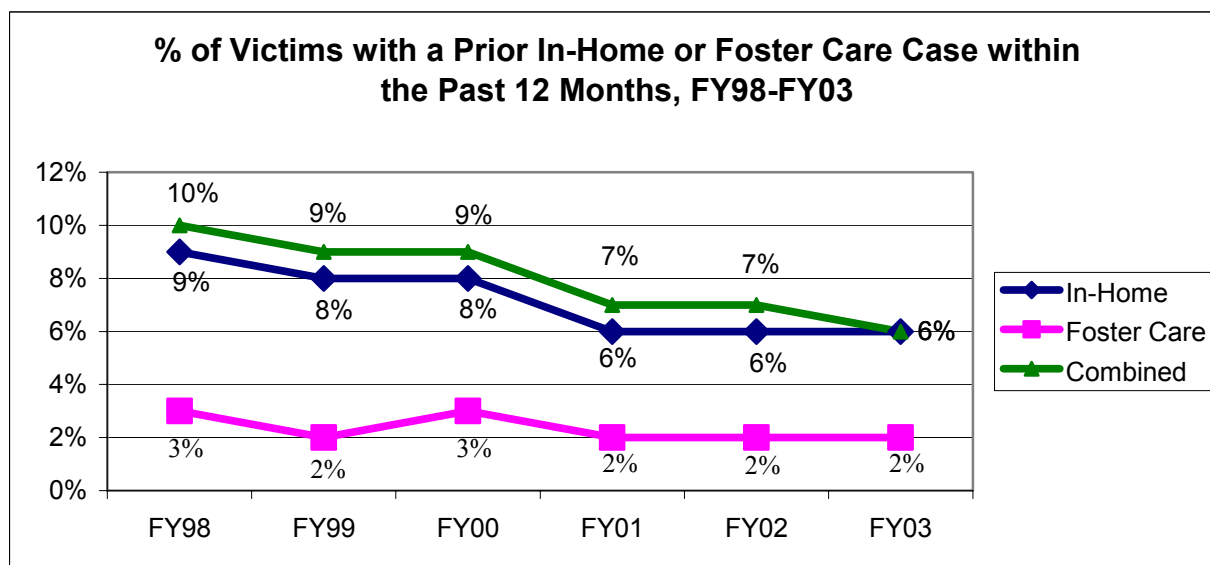
Outcome: Children, Adults, and Families are Safe from Further Abuse

Indicators

- Cases with Subsequent Substantiated Allegations within 1 Year of Case Closure (DCFS)
- Children, Previously in Custody, Re-Entering Out-of-Home Care Within 6, 12, 18 Months (DCFS)
- Substantiated Adult Protective Services Referrals Receiving a Second Referral (DAAS)
- Domestic Violence Victims Sheltered (DCFS)

CASES WITH SUBSEQUENT SUBSTANTIATED ALLEGATIONS WITHIN 1 YEAR OF CASE CLOSURE

Source: Division of Child and Family Services



Definition: Information was gathered by obtaining data on substantiated child victims of Child Protective Services cases. The system was then queried to determine if any of these children were foster care or in-home clients within 12 months prior to the current CPS report. These data represent child clients or individual child victims.

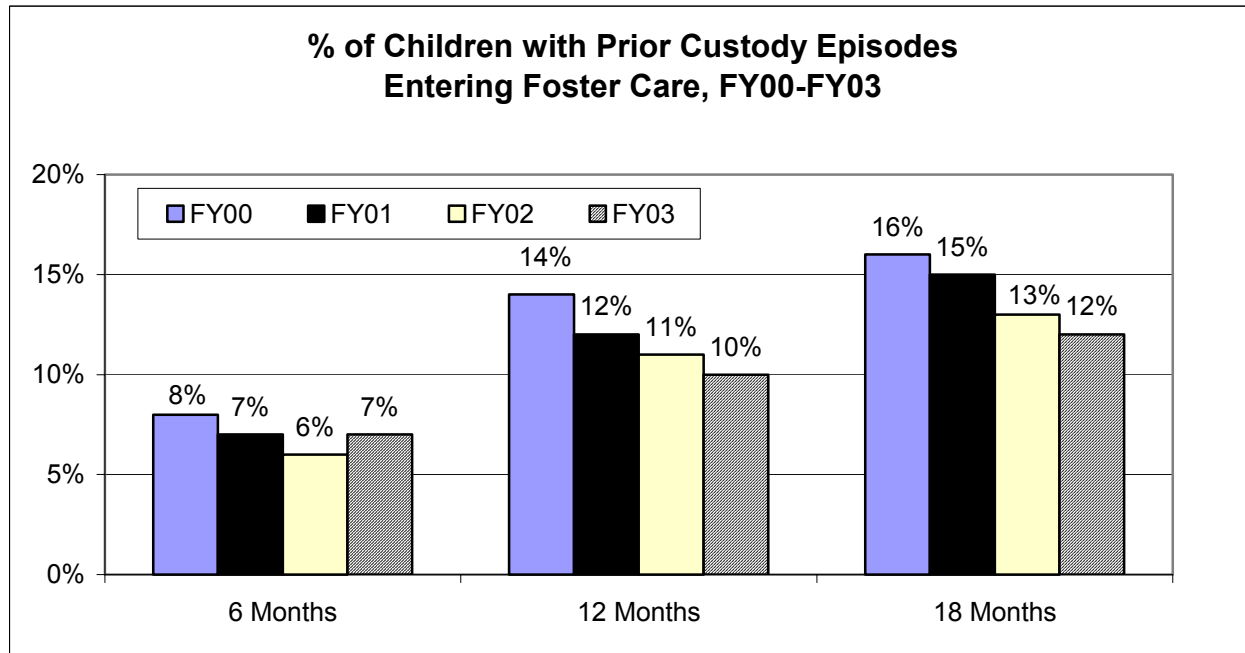
Analysis: These data measure whether families maintain their children safely in their home; whether needed services are being identified for and provided to families; and finally, the effectiveness of families to maintain safety in the home and to cope after they receive services. The figures in the chart above indicate that the percent of children receiving subsequent services from the Division of Child and Family

Services (DCFS) has decreased slightly from FY98 to FY01 and remained fairly stable over the last three years.

Future Actions: DCFS' goal is to reduce the number of children who have additional DCFS involvement within 12 months of case closure. Practice Model training in DCFS is improving workers' abilities to team with families to develop strategies for family stability and to identify needed services and resources. It is anticipated that this training will reduce the number of children who have additional DCFS involvement within 12 months by improving service delivery. DCFS will be able to assess the effectiveness of this training by monitoring these trends over time.

CHILDREN, PREVIOUSLY IN CUSTODY, RE-ENTERING OUT-OF-HOME CARE WITHIN 6, 12, 18 MONTHS

Source: Division of Child and Family Services



Source: SAFE Database

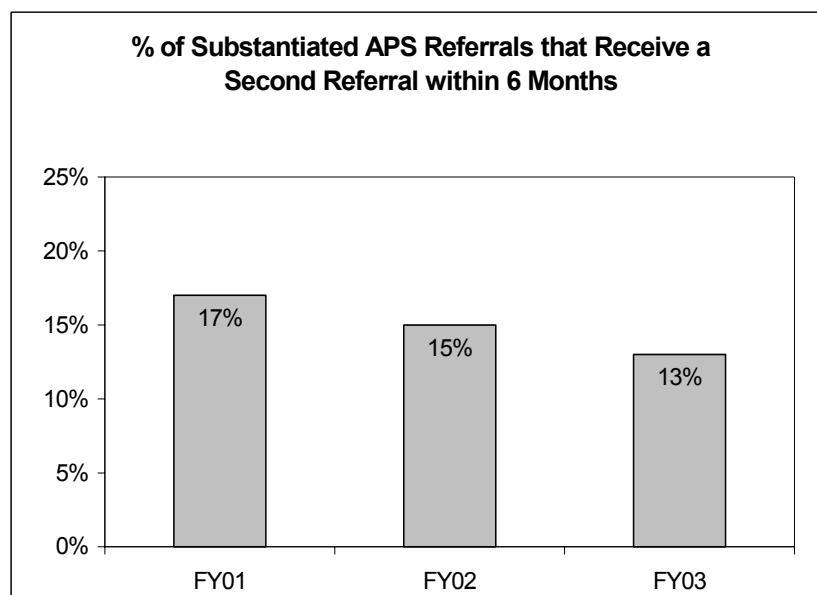
Definition: The number of children in out-of-home care who were previously in custody within 6, 12 and 18 months divided by the total number of clients in out-of-home care whose cases were opened during the indicated fiscal year.

Analysis: These data reflect the success of service delivery as well as success in selecting a permanency goal for children in Division of Child and Family Services (DCFS) custody. Re-entry rates have been declining since FY00. The percent of clients who re-entered care within 18 months of being in custody decreased by one percentage point in the past year. This indicates the Division has improved its ability to find long-term solutions for its clients.

Future Actions: DCFS' goal is to reduce the number of children who have additional DCFS involvement. Practice Model training in DCFS is improving workers' abilities to team with families to develop strategies for family stability and to identify needed services and resources. It is anticipated that this training will reduce the number of children who have additional DCFS involvement by improving service delivery.

SUBSTANTIATED ADULT PROTECTIVE SERVICES REFERRALS RECEIVING A SECOND REFERRAL

Source: Division of Aging and Adult Services



Definition: The number of substantiated Adult Protective Services (APS) referrals that receive a second referral within 6 months of the first referral.

Analysis: Additional referrals on cases that have been investigated and closed may indicate that the protection plan developed in the initial investigation of abuse, neglect, or exploitation of a disabled or elderly adult did not result in long-term protection. A reduction in the percent of those with additional referrals may indicate a

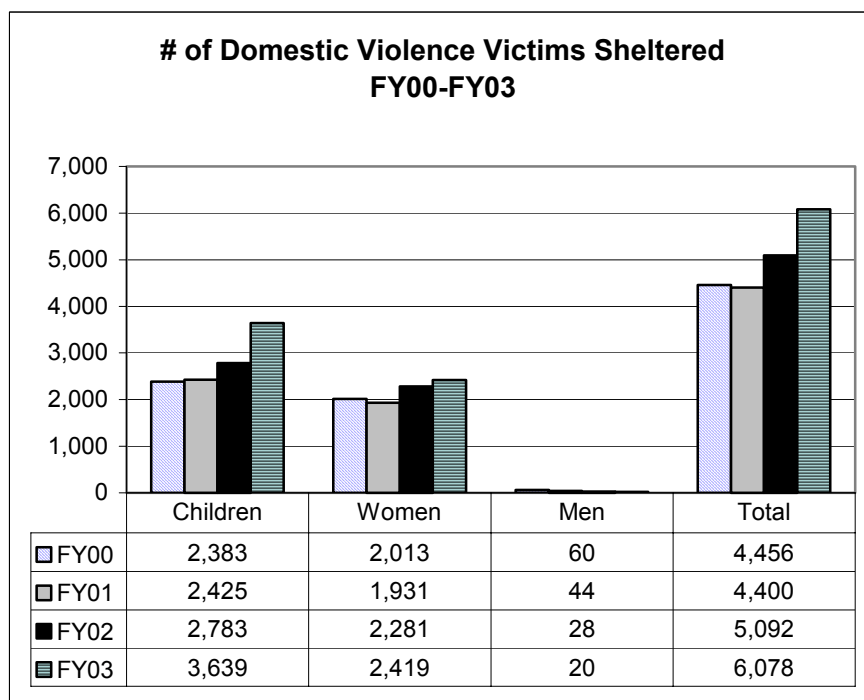
higher quality of protection planning with the victim.

In FY03, 13% of substantiated APS referrals received a second referral within 6 months—down 2 percentage points from FY02. APS services are voluntary (except when court ordered) and plans to protect the victim must be approved by the victim. A victim can refuse or terminate services at any time.

Future Actions: The trend is positive so no changes in procedures are planned at this time.

DOMESTIC VIOLENCE VICTIMS SHELTERED

Source: Division of Child and Family Services



Definition: Data comes from reporting forms submitted by the 16 domestic violence shelters within the State of Utah.

Analysis: Victims of domestic violence have access to safe shelters. Approximately 6,078 victims were sheltered during FY03--an increase of approximately 986 victims from FY02.

Future Actions: In coordination with other community partners, DCFS will continue to expand the availability of supportive services and safe environments for victims of domestic violence.

The Division has met with domestic violence workers and developed alternative data collection strategies and discussed integrating separate domestic violence systems. The specifications have been completed and provided to the programming staff for completion.

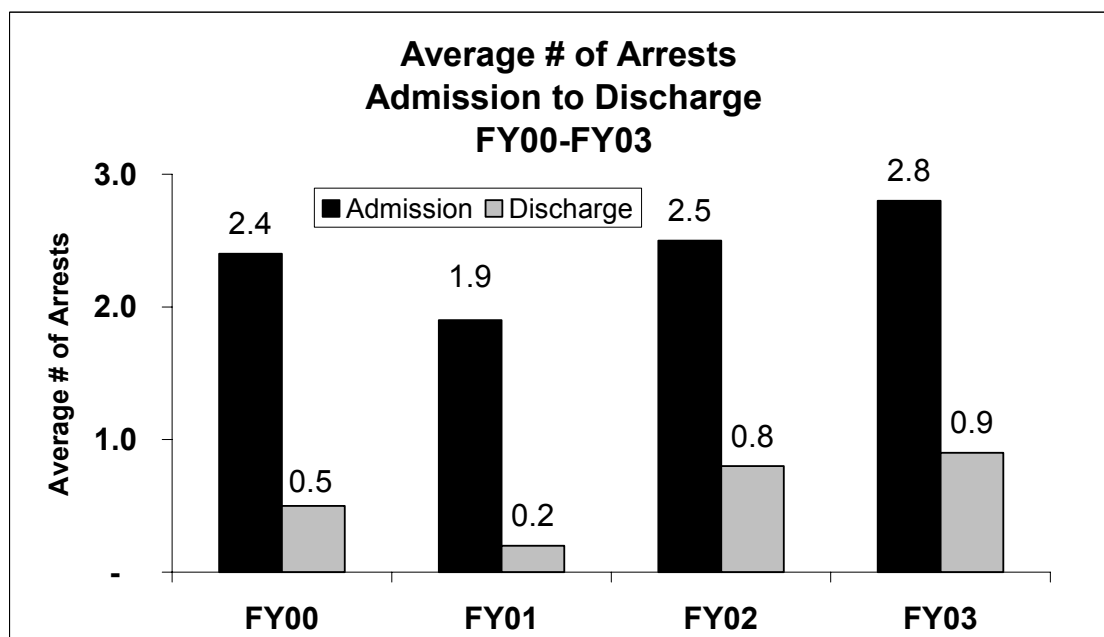
Outcome: Children, Adults and Families Live in Safe, Supportive Communities

Indicators

- Average Number of Arrests from Admission to Discharge (DSAMH)
- Youth Clients with Reduced Number of Offenses within 12 Month Period (DYC)
- AWOLs from the Youth Corrections System (DYC)

AVERAGE NUMBER OF ARRESTS FROM ADMISSION TO DISCHARGE

Source: Division of Substance Abuse and Mental Health



Definition: Research initiated by the Utah Department of Corrections indicates that 80% of inmates, parolees, and probationers abuse drugs and/or alcohol. When offenders do not succeed in the community, statistics show substance abuse significantly contributed to their failure. For this reason, the Division closely monitors clients' involvement with the criminal justice system, including the number of times a client has been arrested in the six months prior to being admitted to treatment as well as the number of arrests that occurred between admission and discharge.

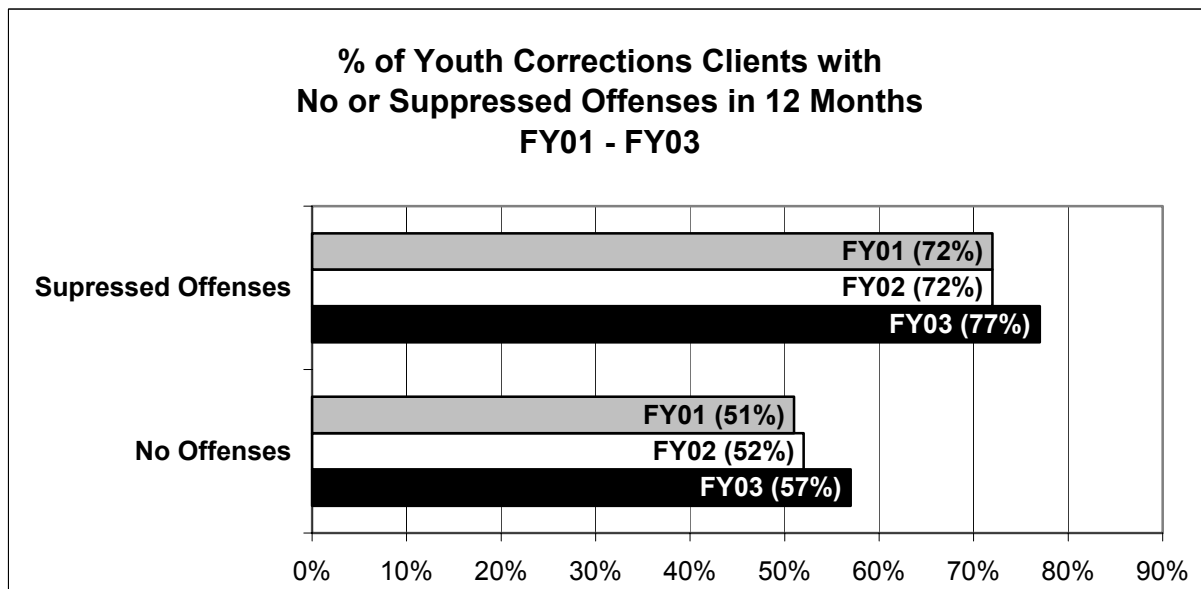
Analysis: Data collected by the Division indicates that the average number of times clients are arrested significantly decreases after they enter substance abuse treatment. During the six months prior to being admitted to treatment services, patients who had been arrested had, on average, been arrested 2.8

times. Upon assessment at discharge, we found that very few of those patients had been arrested after they entered treatment. In fact, in FY03, the average number of crimes committed by substance abuse clients decreased by 68% between admission to treatment and discharge. This reduction is similar to last year. By reducing the number of times clients are arrested, not only is the Division reducing the financial costs that are associated with the arrest and possible incarceration, but it is also reducing the impact that crime has on Utah communities.

Future Actions: At the state and local levels, the Division of Substance Abuse and Mental Health and the Local Substance Abuse Authorities continue to work with law enforcement to determine which offenders are in need of treatment services and to coordinate the provision of those services.

YOUTH CLIENTS WITH REDUCED NUMBER OF OFFENSES WITHIN 12-MONTH PERIOD

Source: Division of Youth Corrections



Definition: 1) The percent of youth who were in the youth corrections system on September 1, 2002 who had no new charges in the next twelve months. 2) The percent of youth who were in the youth corrections system on September 1, 2002 who were charged with suppressed (reduced number of) offenses in the next twelve months. Youth in secure facilities are not included in these figures.

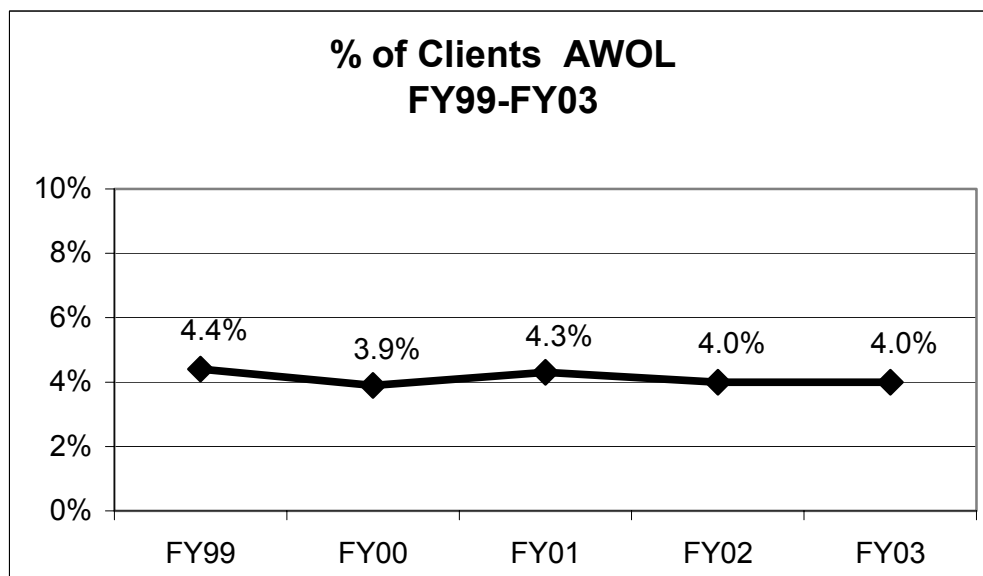
Analysis: Decreased criminal activity is an indicator of the Division's ability to provide interventions that are effective in helping youth make positive life style choices. Over half (57%) of the individuals in the Youth Corrections system had no additional charges

within a year's time and over three-quarters (77%) had fewer charges than in the previous year. These percentages show that the Division continues to have a positive impact on criminal activity among the youth it serves.

Future Actions: The Division of Youth Corrections and the Courts have begun a long-term project to better assess youth entering the youth corrections system and the progress they make while in it. By better identifying the ongoing needs of youth in the system and matching them with appropriate programs, suppression should increase and recidivism should decrease.

AWOLs FROM THE YOUTH CORRECTIONS SYSTEM

Source: Division of Youth Corrections



Definition: The average daily number of Youth Corrections' clients who are absent without leave authorization divided by the average total daily number of youth in Youth Correction's custody.

Analysis: The overall reduction in the percent of AWOLs demonstrates the Division's ability to protect the safety of the community and clients. The data show stability from FY99

to FY03 with the exception of a slight increase in FY01.

Future Actions: Through a combination of more precise assessments and increased monitoring by case managers, the Division is working toward further reductions in the AWOL rate.

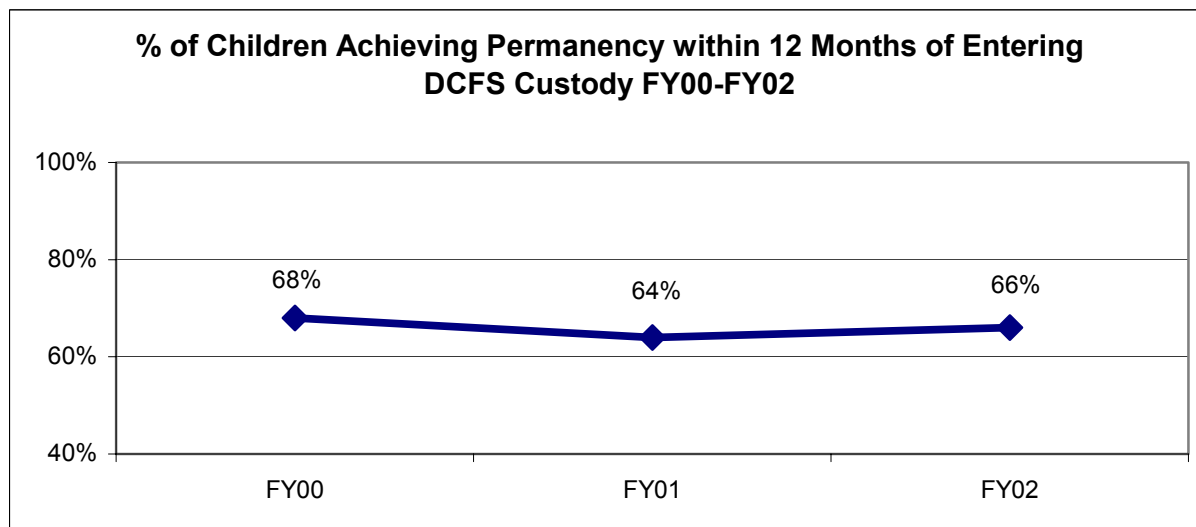
Outcome: Child and Adult Consumers have Stable Living Arrangements that Provide Long-Term, Nurturing Relationships

Indicators

- Children Achieving Permanency within 12 Months of Entering Custody (DCFS)
- Length of Time a Child Spends in Foster Care Prior to Adoption (DCFS)
- Placements per Service Episode for Youth in Foster Care (DCFS)
- Placements per Youth in Youth Corrections (DYC)
- Children with Disabilities Receiving Services who Live at Home (DSPD)

CHILDREN ACHIEVING PERMANENCY WITHIN 12 MONTHS OF ENTERING CUSTODY

Source: Division of Child and Family Services



Definition: This measure is determined by dividing the number of children who entered out-of-home care and attained permanency through custody termination within one year after entering custody by the total number of children who entered out-of-home care during that fiscal year.

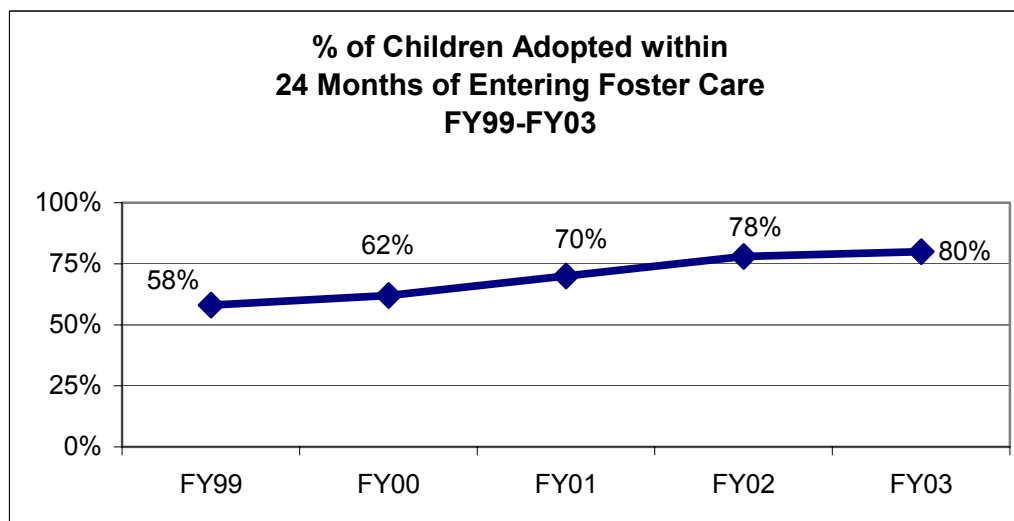
Analysis: This measure shows the Division's timeliness and effectiveness of moving children into permanency. Permanency is defined as children who exit the system through

reunification, adoption, or guardianship to foster parents. Of those children who attained permanency, 82% were returned home or placed in a relative's house. These numbers have remained fairly constant over the past three years.

Future Actions: DCFS' goal is to ensure that children in custody attain permanency in a timely manner.

LENGTH OF TIME A CHILD SPENDS IN FOSTER CARE PRIOR TO ADOPTION

Source: Division of Child and Family Services



Definition: The number of children who exited foster care into finalized adoption within 24 months of entering foster care divided by all children who exited foster care into finalized adoption in FY03.

Analysis: 330 children were adopted from foster care in FY03. Of these, 125 (38%) were adopted within one year of entering foster care and 42% were adopted within 12-23 months of entering care. The national standard set by the Children's Bureau is 32% adopted in less than 24 months from entering foster care. Utah is well above the national standard.

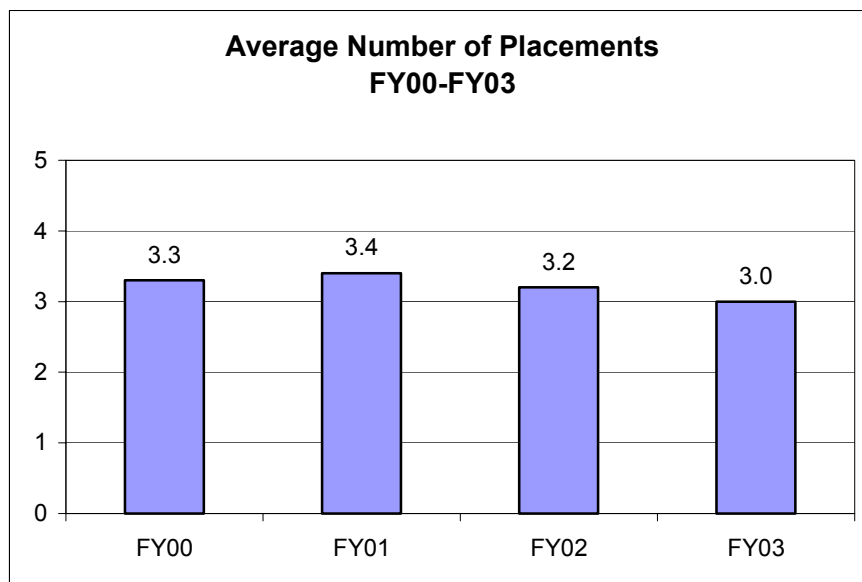
Future Actions: DCFS will continue to strive for obtaining permanency as quickly as possible for children who cannot be returned home. The improvement of support for adoptive families continued this year, guided by input from families statewide who participated in a mailed survey, interviews, and the Post Second Adoption Summit. An In-Home Scheduled Respite Care pilot project was launched along the Wasatch Front and the crisis respite care resources available to families were improved through partnerships with existing providers. Parent support clusters continue to be developed

statewide and most families receiving a subsidy have received four issues of the post adoption newsletter created this year. The lending library expanded with the addition of over 100 titles of books, videotapes, audiotapes. A catalog of library resources was developed and distributed. The third annual adoptive family appreciation event was held in August.

Focus groups at six sites statewide provided an opportunity to facilitate local partnerships on behalf of adoptive families in every region. Along with the community-focused discussion at these meetings, facilitators presented a brief training to community partners on "Transitions in Adoption" and "The Seven Core Issues in Adoption." Our efforts to increase awareness of adoption issues and to improve the abilities of Utah's diverse communities' to respond to adoptive families in need appear to be making a difference in many cases, yet gaps (primarily geographical) remain. Our rural areas struggle--some mental health services are limited, education systems don't have many resources, and respite is not available. A network of care in the Wasatch Front is being implemented and we hope to replicate it statewide.

PLACEMENTS PER SERVICE EPISODE FOR YOUTH IN FOSTER CARE

Source: Division of Child and Family Services



Definition: A placement is defined as the physical location of a child. The average number of placements is determined by adding the total number of placements for all children and dividing by the total number of children in out-of-home care.

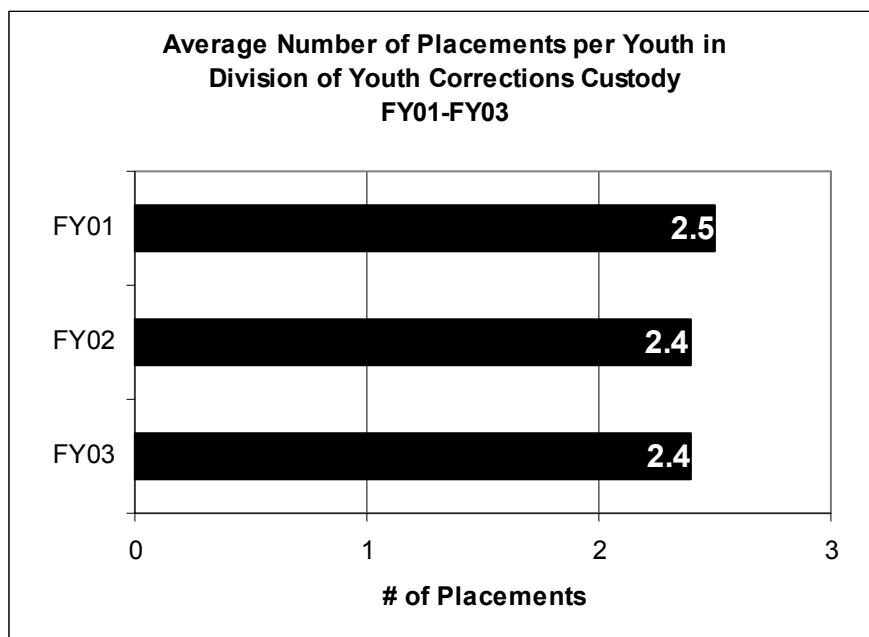
Analysis: This measure provides information about the success workers have in matching children's needs with placements, as well as whether there is an adequate inventory of neighborhood foster homes in which to place foster children. Placement changes are not

always negative for a child because they may be moving to a more appropriate placement. The data indicate that the average number of placements has remained fairly consistent over the past four years.

Future Actions: DCFS' goal is to reduce the average number of out-of-home care placements. DCFS has a committee that is examining data on placement changes and they will issue recommendations to improve performance in this area.

PLACEMENTS PER YOUTH IN YOUTH CORRECTIONS

Source: Division of Youth Corrections



Definition: The average number of placements per youth in Division of Youth Corrections custody. This number includes those youth that enter detention or diversion programs that are generally in the system one time in a fiscal year.

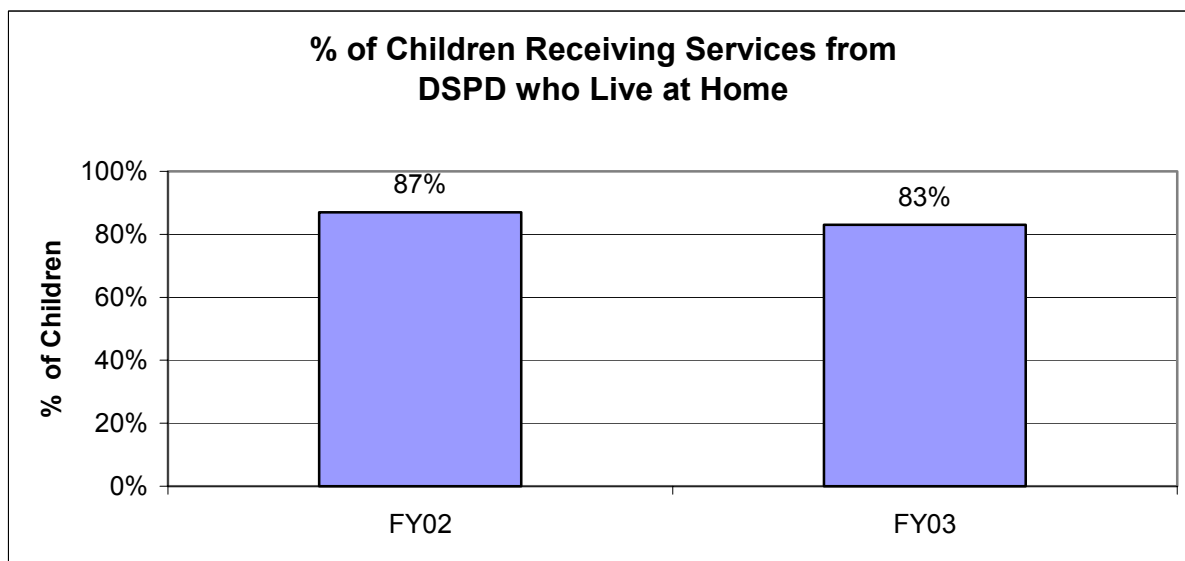
Analysis: The Division moves youths to different placements in the system to ensure they are in the most appropriate setting for their needs. Youths often enter detention and then are sent home because their issues were addressed. Other youths may be moved through the system, either to more secure facilities because they are not responding well to less secure programs, or stepping down from the more to less secure

facilities as the client is ready. Overall, excluding detention, jail, and AWOL placements, the average number of placements across the DYC client population is 2.4. This average includes the current placement for the youth.

Future Actions: For youth in detention or detention alternatives, the present system of following court orders will continue. For youth in custody, case management supervisors will further refine their system of utilization review with the goal of making the best placement for each youth.

CHILDREN WITH DISABILITIES RECEIVING SERVICES WHO LIVE AT HOME

Source: Division of Services for People with Disabilities



Definition: The number of children (ages 0-17) receiving family support and respite services from the Division of Services for People with Disabilities (DSPD) divided by the total number of children receiving Division services.

Analysis: The Utah Legislature directed the Division through statute to assist children to live in the most home-like setting possible. Currently, 83% of children receive family support and/or respite services that assist the family in providing care and allow the child to remain in their home. Of those who live outside

their home, approximately three-quarters live in a home-like setting with a professional parent. These numbers indicate that the Division has been successful in providing home-like settings for the children they serve.

Future Actions: The Division will work to provide more family support services so that families can continue to share in providing services and natural supports for the long term.

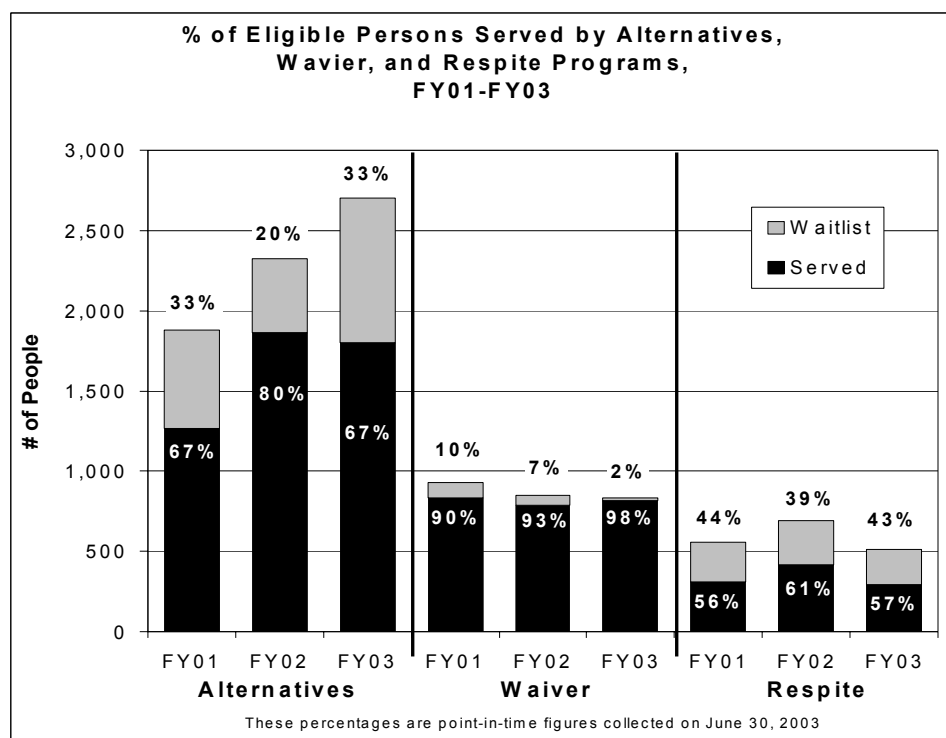
Outcome: Consumer Independence / Self-Sufficiency is Maximized

Indicators

- Eligible Adults Receiving Services from the Alternatives, Waiver, and Respite Programs (DAAS)
- Non-Public Assistance Child Support Cases Paying on Current Orders (where order established) (ORS)
- Total Child Support Paid to Parents (ORS)
- Clients Employed at Discharge (DSAMH)
- Adults Participating in Integrated Community Employment (DSPD)
- Educational Status of Youth (18 and over) who Exited Care (DCFS)
- Clients with Improved Living Conditions (DSAMH)

ELIGIBLE ADULTS RECEIVING SERVICES FROM THE ALTERNATIVES, WAIVER, AND RESPITE PROGRAMS

Source: Division of Aging and Adult Services



Definition: The chart above demonstrates the percentage of eligible clients receiving services in three programs:

- 1) The state-funded Alternatives Program provides personal care, home health aide, skilled nursing, or other services necessary for an individual to remain home.
- 2) The Waiver Program provides home health aides, adult day care, homemakers, home-delivered meals, and other services to those who meet nursing home admission criteria and Medicaid financial eligibility criteria. This program allows an individual to remain home.
- 3) The National Family Caregiver Support Program gives the primary caregiver some respite or relief from care-giving responsibilities which enables the caregiver to continue as the primary person performing care-giving activities.

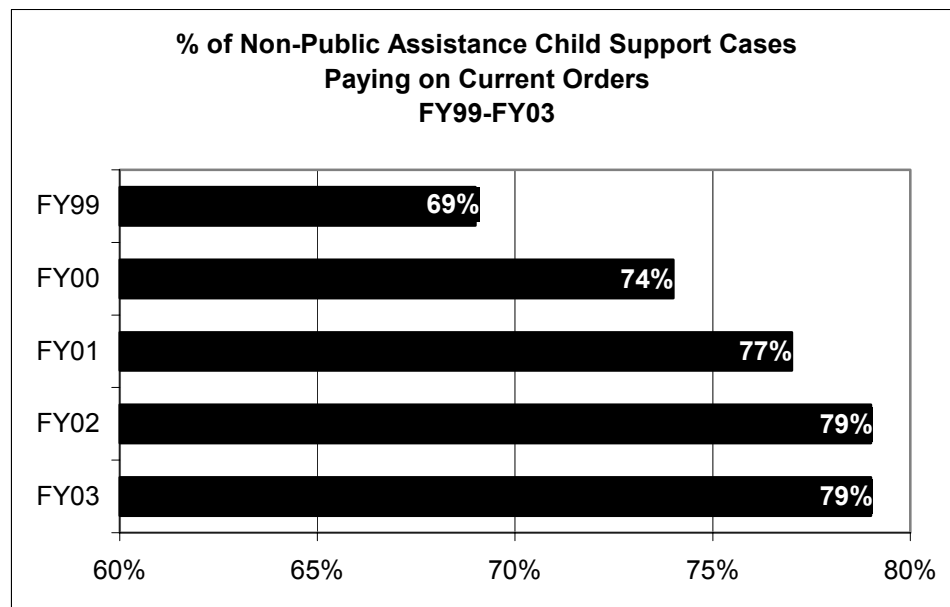
This percentage is a point-in-time figure, collected for June 30, 2003.

Analysis: The Alternatives program continues to grow with an increased number of individuals assessed each year, however, funding has allowed approximately 1,800 clients (67%) to be served. Ninety-eight percent of those eligible for the Waiver program were served during FY03. Although the percent of those seeking respite care declined this year, the percent will increase next year with full implementation of the National Family Caregiver Respite Program throughout the state.

Future Actions: The Division of Aging and Adult Services will continue efforts to provide in-home services to additional eligible clients and seek additional funds to provide rest and relief to eligible caregivers.

NON-PUBLIC ASSISTANCE CHILD SUPPORT CASES PAYING ON CURRENT ORDERS (WHERE ORDER ESTABLISHED)

Source: Office of Recovery Services



Definition: The number of non-public assistance child support cases in which at least one payment was received within the most recent three months divided by the total number of non-public assistance cases with orders.

Analysis: This measure demonstrates how well the Office of Recovery Services (ORS) performs in the collection of current and overdue child support. When families receive the support to which they are entitled, they are more likely to become and remain self-sufficient. This reduces the need for other Department services as well as public assistance services.

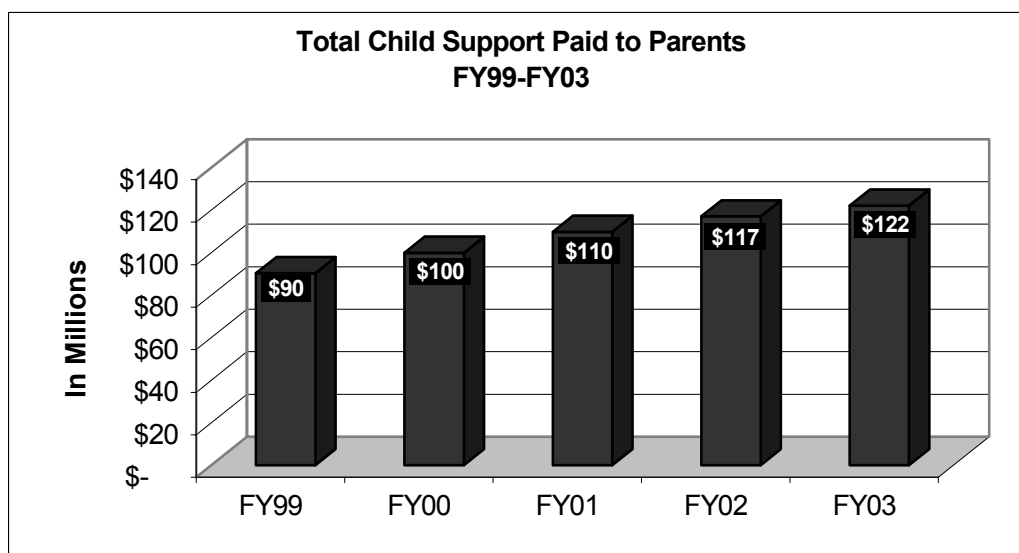
The percent of non-public assistance child support payments on current orders shows a steady increase from FY99 through FY02, going from 69% to 79% and remaining steady in FY03. This improvement is due to a number of

factors, which include staff efforts and clear performance targets. In addition, the availability of tools such as the New Hire Registry, Financial Institution Data Matching, and increased efficiency gained through ongoing enhancements to ORS' computer information system contributed to the increased percentage.

Future Actions: ORS will continue to provide in-depth, ongoing training for staff, as well as ensure that program policy is current and available to all staff to support their case management activities. Case management process improvement is ongoing. ORS also plans to continue ongoing enhancements to its computer system. This will allow for increased efficiency in conducting case management and accounting activities.

TOTAL CHILD SUPPORT PAID TO PARENTS

Source: Office of Recovery Services



Definition: Total amount of child support collected on behalf of, and distributed to, children and families.

Analysis: This measure demonstrates how well the Office of Recovery Services (ORS) performs in the collection of current and overdue child support. When families receive the support to which they are entitled, they are more likely to become and remain self-sufficient. This reduces the need for other Department services, as well as public assistance services.

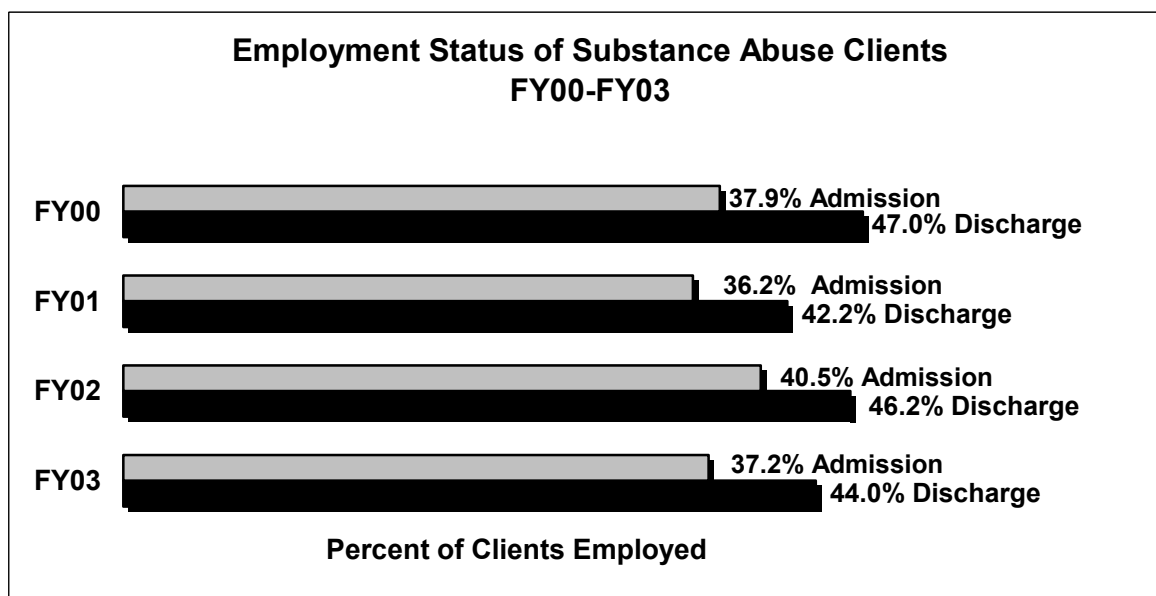
Non public assistance child support collections have increased substantially over the past five years. From FY99 through FY03, collections increased by 26%, with a 4% increase in the past fiscal year. This success is due to a number of factors, including staff efforts and clear performance targets. In addition, the availability of tools such as the New Hire Registry,

Financial Institution Data Matching, and increased efficiency gained through ongoing enhancements to ORS' computer information system contributed to increased collections.

Future Actions: ORS will continue to provide in-depth, ongoing training for staff, as well as ensure that program policy is current and available to all staff to support their case management activities. Case management process improvement is ongoing. ORS plans to continue ongoing enhancements of its computer system. This will allow for increased efficiency in conducting case management and accounting activities. Efforts are also underway to increase the number of Electronic Fund Transfers in the management of interstate cases and in the disbursement of funds to families. This reduces costs and allows families to receive child support funds sooner.

CLIENTS EMPLOYED AT DISCHARGE

Source: Division of Substance Abuse and Mental Health



Definition: Each client's employment status is evaluated upon admission into substance abuse treatment. They are classified as either being employed full-time, employed part-time, unemployed, or not in the labor force (e.g., student, retired, etc.). Beginning in FY00, the Division began to track the employment status of clients as they leave treatment in order to evaluate the effectiveness of treatment in assisting clients to find and maintain employment.

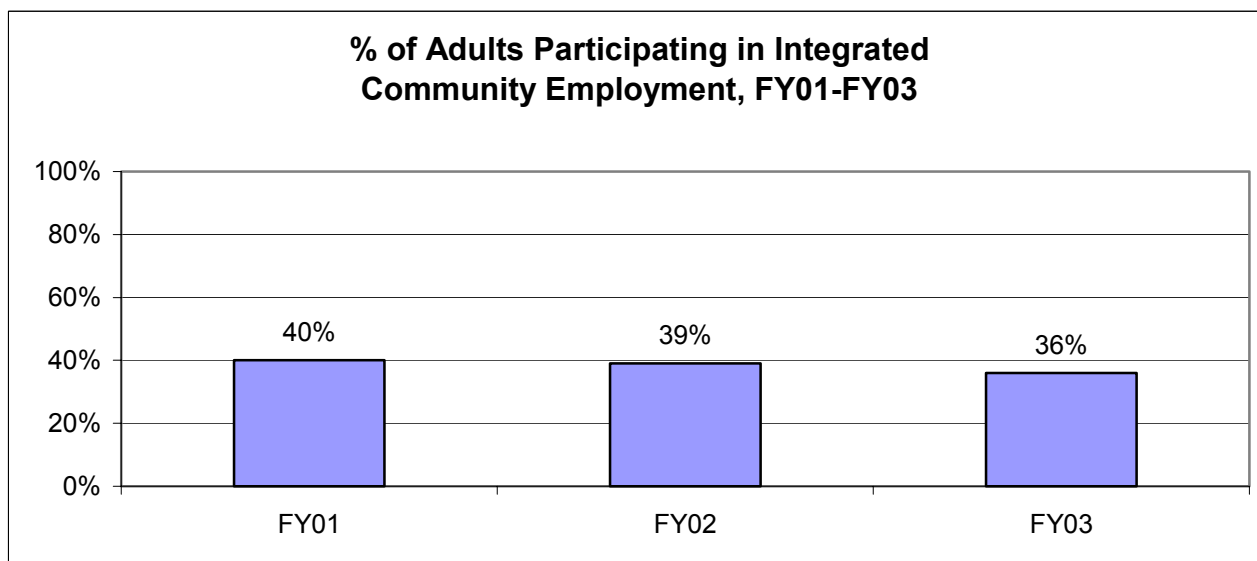
Analysis: The employment status of a patient struggling with a substance abuse or dependence problem is a key ingredient to a successful recovery. The statistics collected by the

Division indicates that in FY03, 44% of clients were employed at discharge. The number of clients who were employed increased by nearly 7 percentage points from admission to discharge. These improvements are similar to those experienced in previous years.

Future Actions: Treatment providers are making greater efforts to work with other agencies and organizations in their communities to help more clients either find and maintain regular employment or receive the education/training they need to enter the labor force.

ADULTS PARTICIPATING IN INTEGRATED COMMUNITY EMPLOYMENT

Source: Division of Services for People with Disabilities



Source Data: *Utah Social Services Database System (USSDS), Payment and Authorization for Service Data*

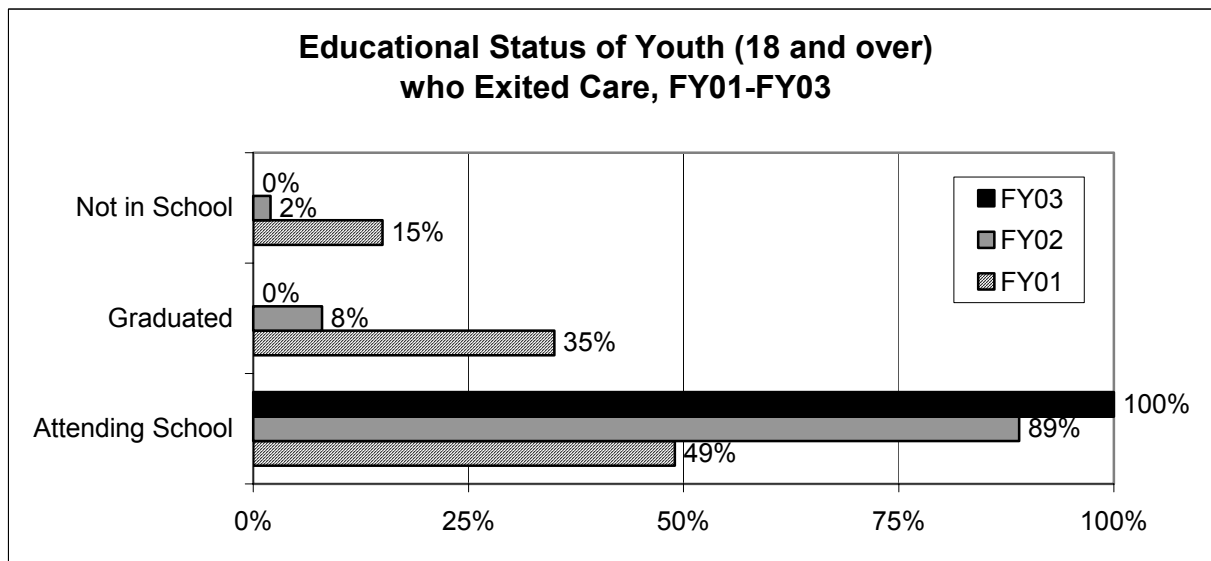
Definition: The number of adults receiving funding from the Division of Services for People with Disabilities (DSPD) for community integrated employment divided by the total number of adults who receive any type of daytime supports is shown in the chart above. Supported employment services provide assistance for adults with developmental disabilities to acquire and maintain competitive employment.

Analysis: 36% of the total number of people who receive supports during the day from the Division participate in community integrated employment—down slightly from FY01 (this slight drop could be due to the tight economy). When persons with disabilities get and keep jobs, their personal control and power over what happens to them is enhanced which affects who they have as friends and how they act and feel about themselves. It also helps members of the community see persons with disabilities as people who are fully capable of making meaningful contributions to society.

Future Actions: In FY04, the Division plans to continue training on, and assisting individuals with, becoming self-employed. The Division also hopes to gather and compare data about the experience of self-employment versus supported employment. In addition, in FY02 the Division gathered data from provider agencies regarding individuals involved in integrated employment, facility-based work, facility-based non-work, and community-based non-work in order to see what percent of Division clients are engaged in integrated employment and earn above the minimum wage. The Division plans to gather similar data in FY04 in order to look for emerging trends. The Division is still encouraging providers to offer a wider range of service options, and will continue to assure that supported employment specialists have the necessary knowledge base and skill sets to place people with disabilities in companies that offer high wages, benefits, and good working conditions. The Division will maintain its focus on assuring that persons with disabilities have meaningful jobs.

EDUCATIONAL STATUS OF YOUTH (18 AND OVER) WHO EXITED CARE

Source: Division of Child and Family Services



Definition: The number of youth (ages 18 and older) exiting care in that year who are either attending high school or alternative school, graduated high school, or were not in school divided by the total number of youth ages 18 and older exiting care (who have a recorded educational status).

Analysis: These data indicate the efforts DCFS makes to help ensure older children achieve their full educational potential. Youth 16 and older receive training and support services under the independent living program, where appropriate. These services may include basic life skills training, assistance to obtain higher education, job placement activities, preparation for GED, and stipends, as well as other activities. 101 children received one or more of these services in FY03.

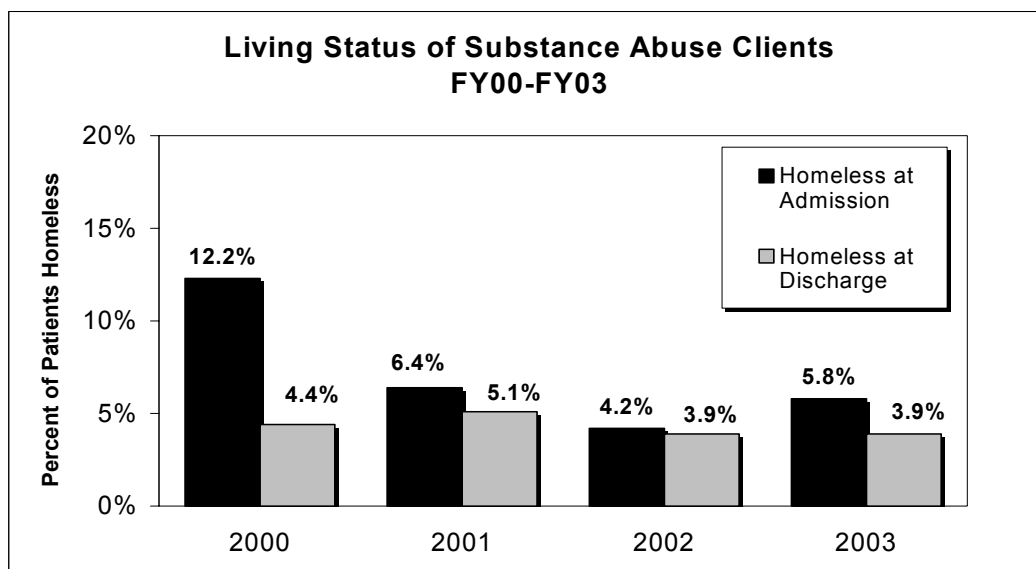
The entry and tracking of education level in the SAFE system is not complete at this time. 66% of the children in out-of-home care do not have

school status recorded. Of those who do have information, 100% were attending school.

Future Actions: The federal government is still in the process of developing requirements for data collection for youth 14 and older in custody as part of the Foster Care Independence Act of 1999. Once the reporting requirements are finalized and implemented into the SAFE system, DCFS will be able to improve its reporting of education information. In the meantime, every effort will be made to ensure all children placed in out-of-home care receive appropriate education services consistent with their needs. DCFS staff will work with the child and family team to help the child achieve their full academic potential.

CLIENTS WITH IMPROVED LIVING CONDITIONS

Source: Division of Substance Abuse and Mental Health



Definition: Each client's living arrangement is evaluated upon admission into substance abuse treatment. They are classified as either being homeless, dependent (i.e., halfway house) or independent (own, rent, or live with family/friends). Beginning in FY00, the Division began tracking the living arrangements of clients as they leave treatment in order to evaluate the effectiveness of treatment in assisting clients to find and maintain an independent living environment.

Analysis: Because a stable living environment is a critical element in achieving long-term successful results from substance abuse treatment, the treatment providers across Utah work very hard to assist clients in establishing a more stable living situation. The above graph indicates that in FY03, 5.8% of clients were homeless when they entered treatment. At discharge, 3.9% were homeless—a 33% reduction in homelessness.

Future Actions: Research around the country has repeatedly shown that a stable living environment is a key ingredient to achieving successful outcomes in substance abuse treatment. The substance abuse treatment field therefore continues to place significant emphasis on helping clients achieve and maintain a stable living environment.

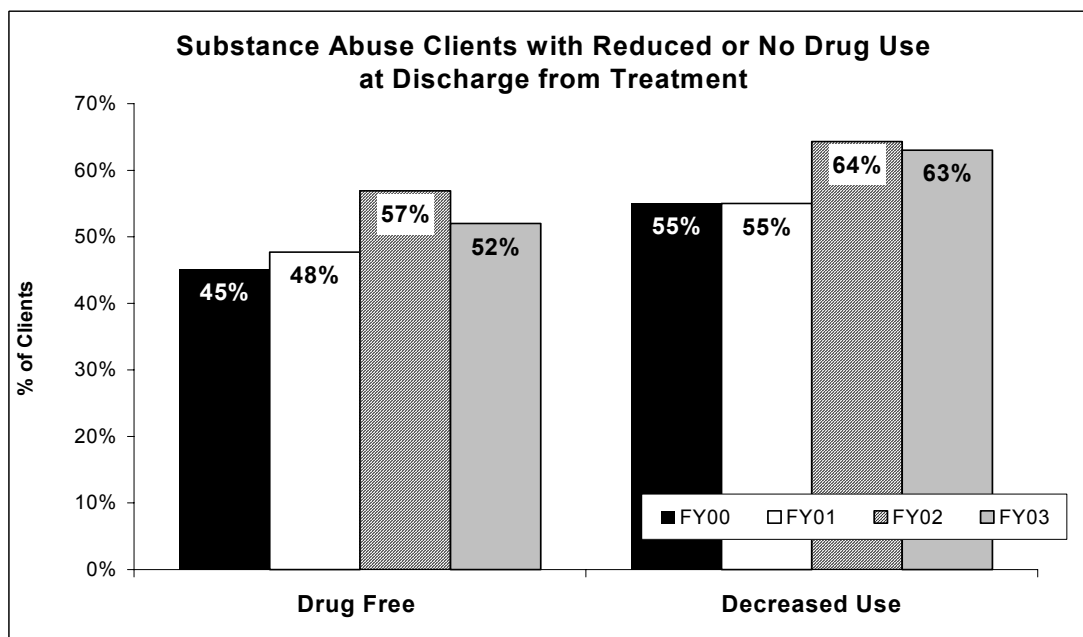
Outcome: Consumer Quality of Life is Improved

Indicators

- Frequency of Use of Primary Drug at Discharge (DSAMH)
- Client Status from Admission to Follow-up in Community Mental Health Centers (DSAMH)
- Patient Outcome Status from Admission to Follow-up in the Utah State Hospital (DSAMH)
- Clients Re-admitted to the Utah State Hospital within Six Months of Discharge (DSAMH)
- Adult Clients Saying Services Help them Deal More Effectively with Daily Problems (DSAMH)

FREQUENCY OF USE OF PRIMARY DRUG AT DISCHARGE

Source: Division of Substance Abuse and Mental Health



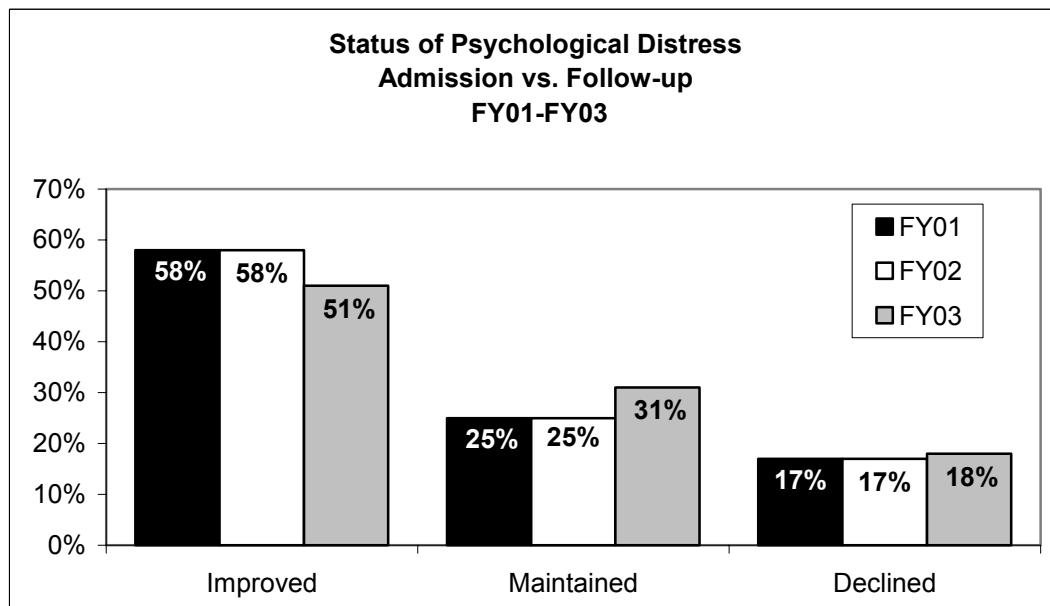
Definition: Upon admission to substance abuse treatment, each client is assessed to determine the severity/frequency of his or her alcohol and/or other drug use. At that time, the number of days in the past month the client used alcohol or other drugs is documented. Beginning in FY00, clients are re-assessed when they are discharged from treatment.

Analysis: The above graph indicates that of those clients who had used substances within a month of entering treatment, 63% had either stopped or reduced their substance use by the end of treatment. 52% reported no use at discharge, while an additional 11% reported decreased use.

Future Actions: The Division is constantly working with Local Substance Abuse Authorities to capture timely and accurate data through improved instrumentation.

CLIENT STATUS FROM ADMISSION TO FOLLOW-UP IN COMMUNITY MENTAL HEALTH CENTERS

Source: Division of Substance Abuse and Mental Health



Definition: The chart above provides results of the General Well Being (GWB) instrument--a 10-item client (adult scale) self rating instrument that addresses the following areas: sense of general well-being, energy level, emotional/behavioral control, depressed/cheerful mood, tension/anxiety state, and somatic distress or health worries.

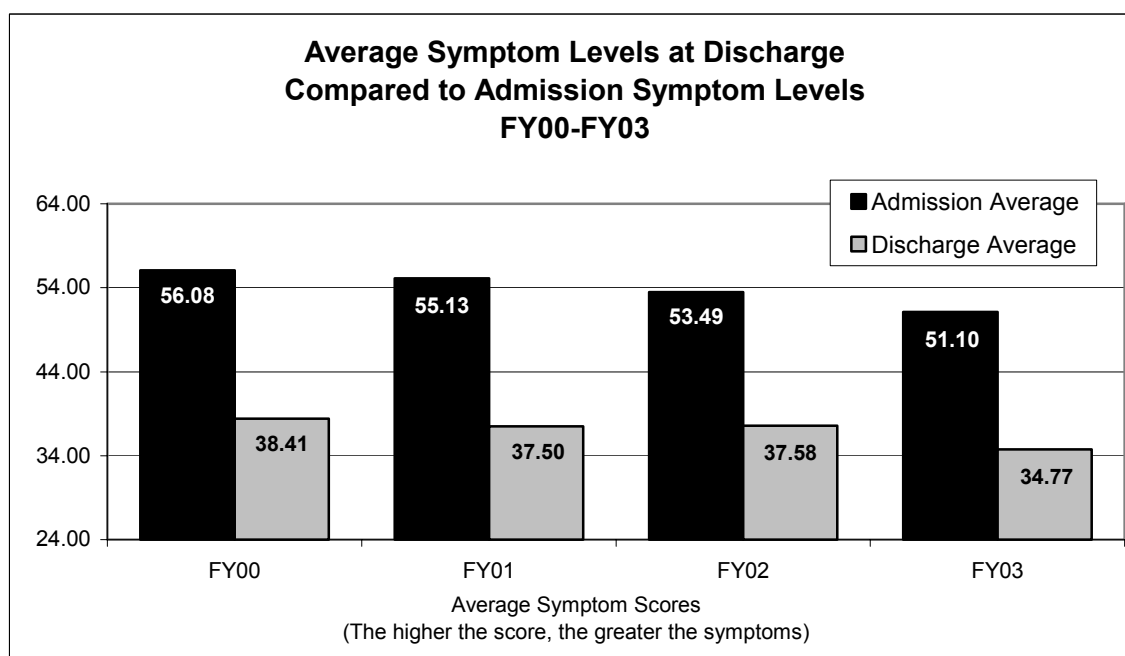
Analysis: The GWB shows changes in the overall level of psychological distress for persons receiving services at the community

mental health centers in Utah. Psychological symptoms improved for 51% of clients in community mental health centers during FY03. 31% of clients remained stable.

Future Actions: Conduct detailed analysis with risk assessments of key variables and continue ongoing data quality management to improve mental health services to clients. Carefully monitor centers that fall well below the average gains.

PATIENT OUTCOME STATUS FROM ADMISSION TO DISCHARGE IN THE UTAH STATE HOSPITAL

Source: Division of Substance Abuse and Mental Health



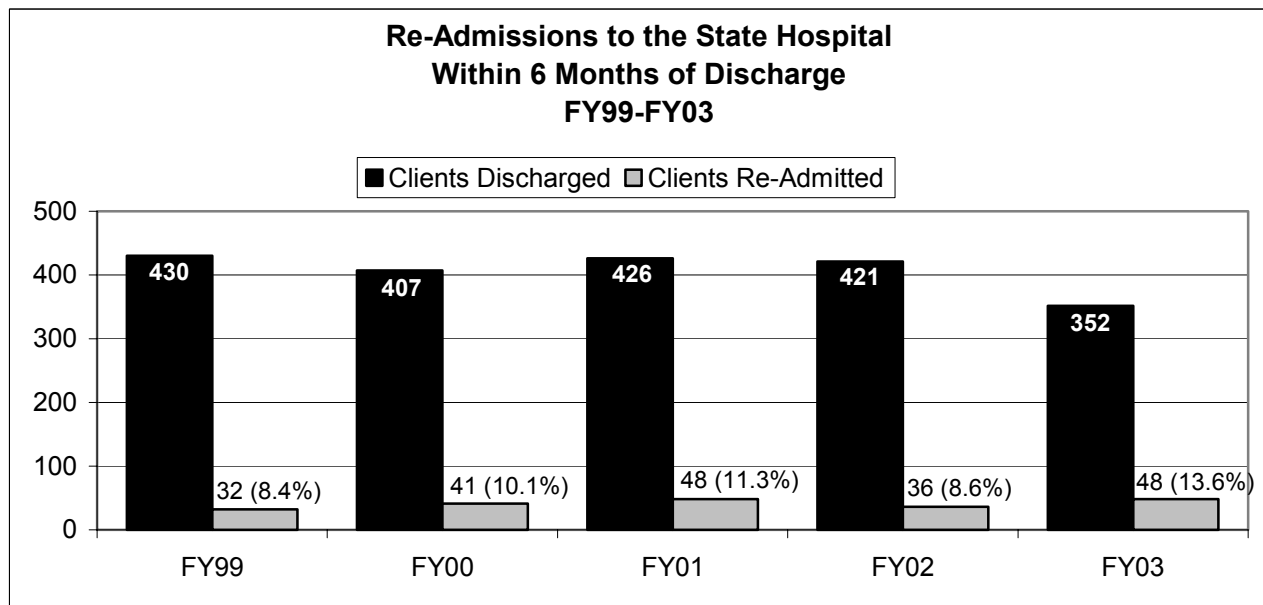
Definition: The Brief Psychiatric Rating Scale (BPRS) rates a patient from one through seven (severe) on 24 items that provide a short-hand method of briefly describing a patient's major area of pathology. The higher the score, the worse the symptoms. The BPRS is given soon after admission, 90 days after admission, and every 90 days thereafter.

Future Actions: The Hospital will continue to monitor patient progress through the administration of the BPRS. These actions are designed to further increase treatment effectiveness.

Analysis: A reduction in BPRS score indicates significant improvement in patient status. Improved BPRS total symptom scores demonstrate the Hospital's ability to reduce patient symptoms prior to discharge. For all patients that received a BPRS within 35 days of discharge (n=106), the average total symptom score improved by 32% during FY03. The above chart shows that for four fiscal years, the Utah State Hospital has been consistent at lowering the average level of symptoms for patients.

CLIENTS RE-ADMITTED TO THE UTAH STATE HOSPITAL WITHIN SIX MONTHS OF DISCHARGE

Source: Utah State Hospital, Division of Substance Abuse and Mental Health



Definition: The number of all mental health patients discharged from the State Hospital who return to the State Hospital within six months of discharge as a percent of all patients discharged from the State Hospital during that year.

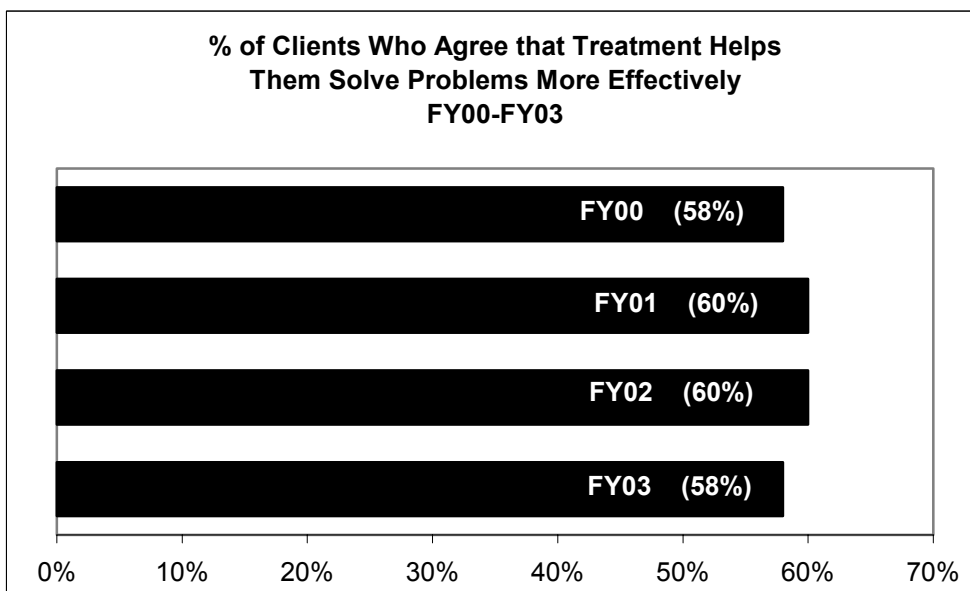
Analysis: Focusing on reducing client length-of-stay at mental health facilities across the country can encourage facilities to release mental health patients before they are ready. Changing the focus to reviewing re-admission rates indicates whether mental health facilities are providing the appropriate level and length of services to ensure their clients can adequately function in the community with appropriate supports. The low re-admission rate indicates that the State Hospital and the community mental health centers are effective in assessing and addressing patient symptoms. Although admission rates have increased, each year's

readmission rate is among the lowest in the nation based on preliminary statistics.

Future Actions: The utilization review and executive committees are examining possible underlying issues and results from other states. They will continue to carefully monitor individual cases.

ADULT CLIENTS SAYING SERVICES HELP THEM DEAL MORE EFFECTIVELY WITH DAILY PROBLEMS

Source: Division of Substance Abuse and Mental Health



Definition: The Division administers a client satisfaction survey to its clients receiving mental health services throughout the year. The survey gathers opinions from clients on 28 items. The graph above shows the response to: “As a direct result of my treatment, I deal more effectively with daily problems.”

Analysis: The graph above indicates that well over half (58%) of clients felt the services they received from community mental health centers helped them deal more effectively with

their problems. This is consistent with the last three years.

Future Actions: The Division and community mental health centers will examine the results to this question and determine if changes need to be made in the way services are delivered.

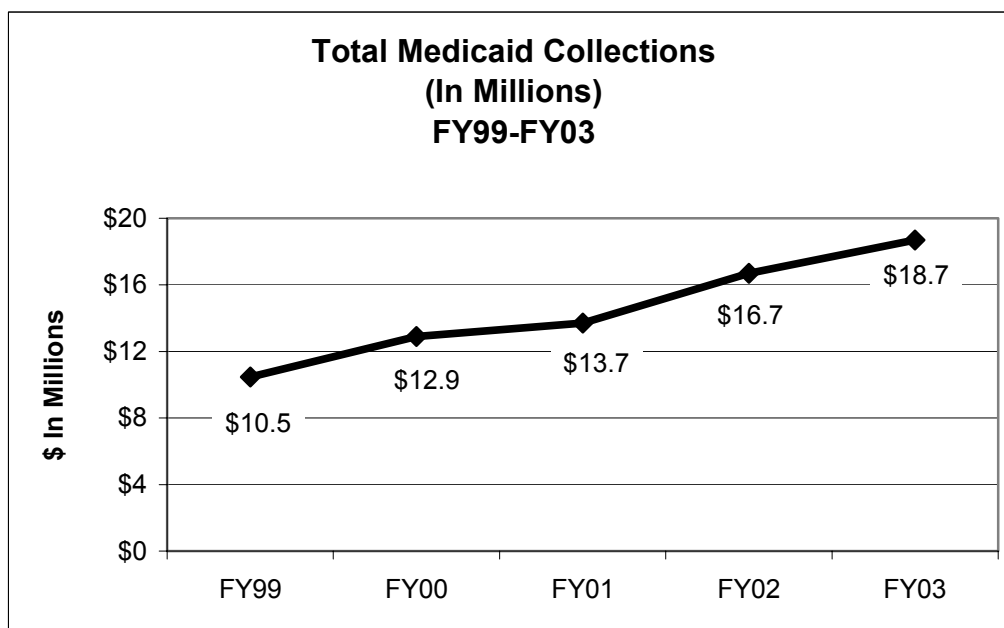
Outcome: The Department Maintains the Public's Trust

Indicators

- Total Medicaid Collections (ORS)
- Total Medicaid Cost Avoidance (ORS)
- Public Assistance Child Support Cases who are Paying on Current Orders (where order established) (ORS)

TOTAL MEDICAID COLLECTIONS

Source: Office of Recovery Services



Definition: Total amount collected from responsible third parties to reimburse Medicaid expenditures.

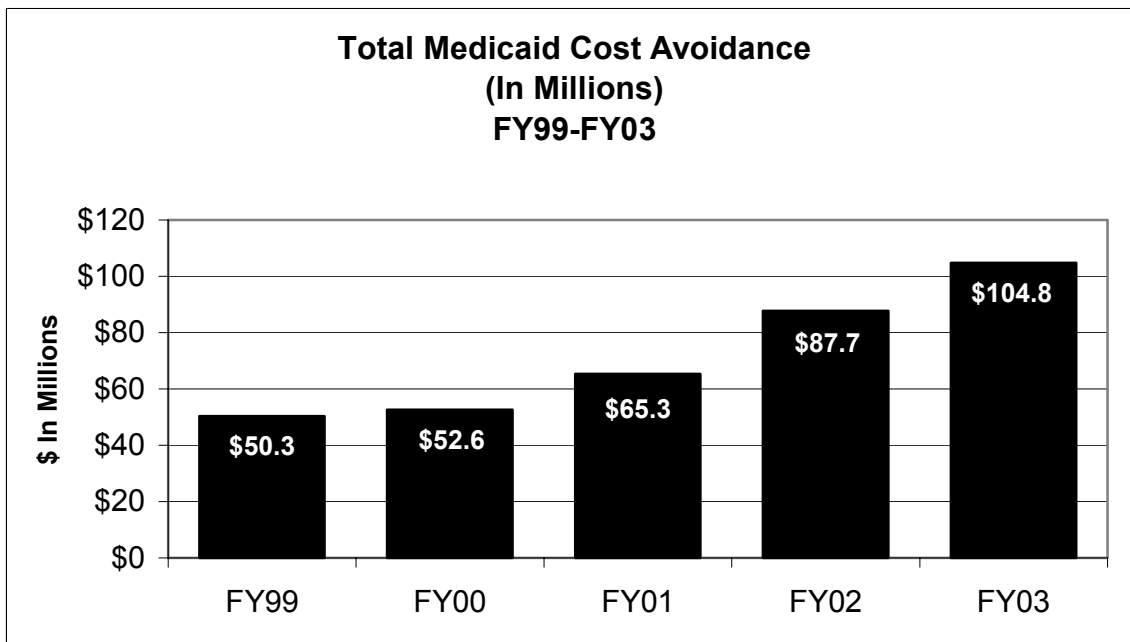
Analysis: This measure demonstrates how well the Office of Recovery Services (ORS) identifies Medicaid expenditures and pursues payment from third parties. Payment may be collected from private health insurance, tort recovery (Medicaid recipients are required by law to assign their third party medical benefit rights to the state), or estate recovery (for

Medicaid expenses paid after age 55). Medicaid collections have increased by 44% in the past five fiscal years (11% since FY02). Increased efficiencies resulting from automated, electronic matching procedures with several large insurance carriers have contributed to this success.

Future Actions: ORS plans to continue developing the automated, electronic matching process with additional insurance carriers.

TOTAL MEDICAID COST AVOIDANCE

Source: Office of Recovery Services



Definition: Total Medicaid expenditures that have been avoided due to the identification of responsible third party payers. These payers directly pay for the services received by Medicaid eligible patients.

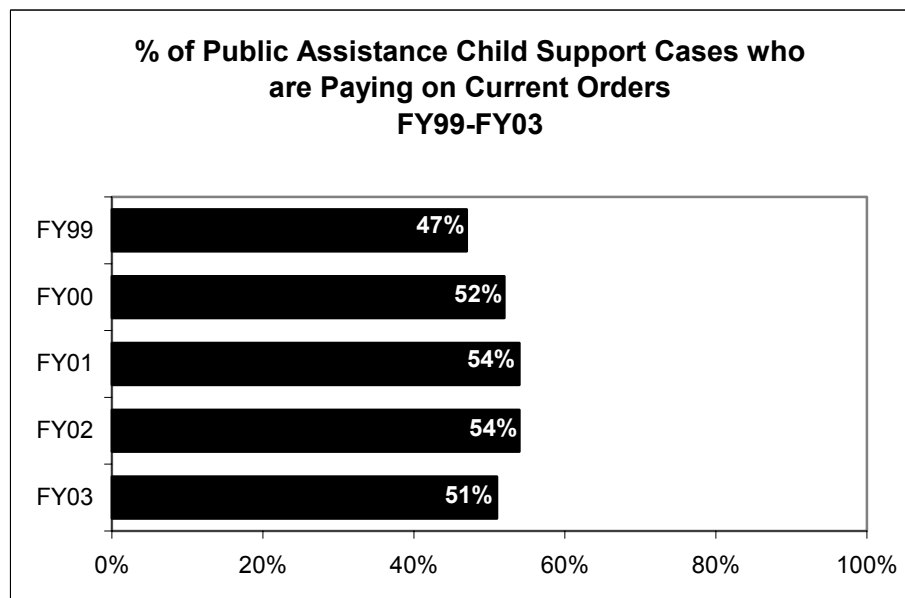
Analysis: This measure demonstrates how well the Office of Recovery Services (ORS) identifies liable third parties. Medicaid expenditures are avoided, and costs related to seeking reimbursement from third parties are reduced. Total Medicaid cost avoidance has

experienced an increase of 16% in the last year and 52% in the past five years. This success is due, in part, to the automated, electronic matching program with insurance carriers. This process helps to ensure that Medicaid resources are used efficiently and are available for those who are eligible for assistance.

Future Actions: ORS plans to continue developing the automated, electronic matching process with additional insurance carriers.

PUBLIC ASSISTANCE CHILD SUPPORT CASES WHO ARE PAYING ON CURRENT ORDERS (WHERE ORDER ESTABLISHED)

Source: Office of Recovery Services



Definition: The number of public assistance (IV-A) child support cases in which at least one payment was received within the most recent three months divided by the total number of IV-A child support cases.

Analysis: This measure demonstrates how well the Office of Recovery Services (ORS) is able to collect current and overdue child support to reimburse the state for public assistance expenditures. This reimbursement helps to ensure that public assistance funds are used efficiently and are available for those who are eligible for assistance.

The percent of IV-A payments on current child support orders decreased slightly in FY03. This

decrease is a reflection of an economic down turn, which was due, in part, to the post-Olympic environment.

Future Actions: ORS will continue in-depth, ongoing training for staff, and ensure that program policy is available to all staff to support their case management activities. Case management process improvement is ongoing. ORS also plans to continue to utilize tools such as the New Hire Registry, Financial Institution Data Matching as well as ongoing enhancements of its computer system. This will allow for increased efficiency in conducting case management and accounting activities.

Outcome: The Department Delivers Quality Services

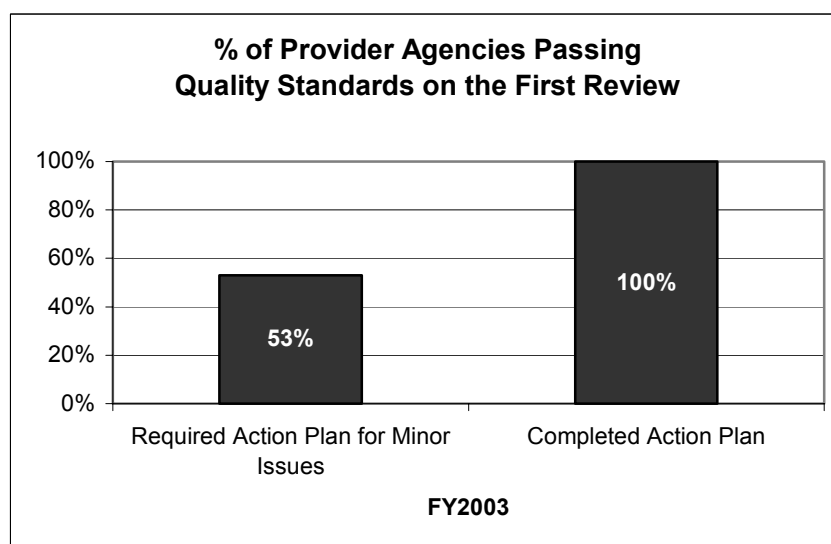
- ▶ Adherence to Preferred/Best Practices
- ▶ Consumer Satisfaction
- ▶ Consumer Accessibility to Services
- ▶ Consumer Responsibility
- ▶ Staff Management

Adherence to Preferred/Best Practices

- Provider Agencies Meeting Criteria for Successful Results on First Review (DSPD)
- Qualitative Case Reviews Passing the Overall Scores (OSR)
- Cases Reaching Goal in Case Process Review (OSR)
- Mental Health Services Consistent with Preferred Practice Guidelines (DSAMH)

PROVIDER AGENCIES MEETING CRITERIA FOR SUCCESSFUL RESULTS ON FIRST REVIEW

Source: Division of Services for People with Disabilities



Definition: The percentage of provider agencies that passed the quality standards set by the Division of Services for People with Disabilities is shown in the chart above. In FY03, the Division discontinued the use of the Personal Outcomes Measures as a formal review of quality, but the “Records Review” process continued. This data was derived from these “Records Reviews.”

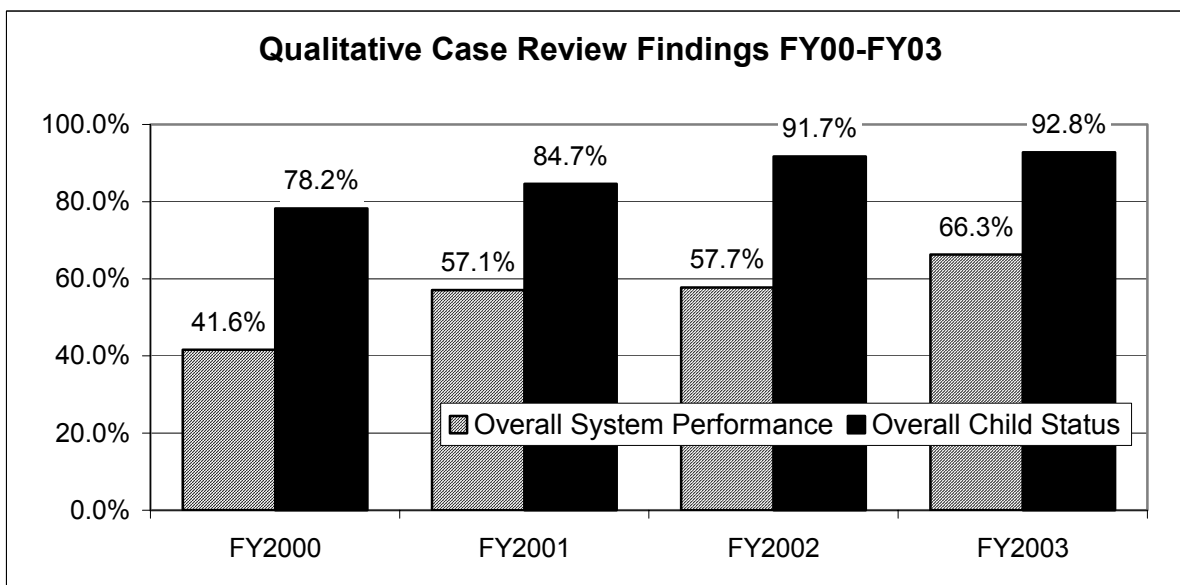
Analysis: 53% of Providers were required to complete an Agency Action Plan addressing minor contract issues, however none of the providers had to address significant or major contract issues. Of the providers who needed to complete an Agency Action Plan, 100% did so successfully, as indicated above. The focus on provider quality and contract compliance shows the Division’s devotion to continuous

improvement activities, endeavors, and system redesign that make a difference in the lives of people with disabilities.

Future Actions: A new process has been developed for FY04. This new process will include quality assurance, quality improvement, and quality enhancement. A satisfaction survey has replaced the Personal Outcomes Measures. A record review will be completed with a site review and staff interview, as well as an administrative review discussing quality improvement efforts. Provider agencies will not be given a score for the survey, but will be offered technical assistance and consultation during the course of the review. Data will be collected to determine satisfaction levels on a statewide level.

QUALITATIVE CASE REVIEWS PASSING THE OVERALL SCORE FOR CLIENT AND FAMILY STATUS

Source: Office of Services Review



Definition: The Qualitative Case Review process assesses the performance of the Division of Child and Family Services (DCFS) in achieving practice as outlined in the Division's Performance Milestone Plan.

The Child and Family Status review assesses the family and child's: safety, stability, appropriateness of placement, permanence, health/physical well-being, emotional/behavioral well-being, learning progress, caregiver functioning, family resourcefulness, and satisfaction. The overall score takes into consideration the importance (weight) of each item.

The System Performance review assesses: child/family participation, service team operation/coordination, functional assessment, long-term view, plan implementation, resource availability, successful transitions, effective results, and tracking adaptation.

Analysis: The case review results improved significantly from FY00, showing improvement each year. As the chart indicates, children served by

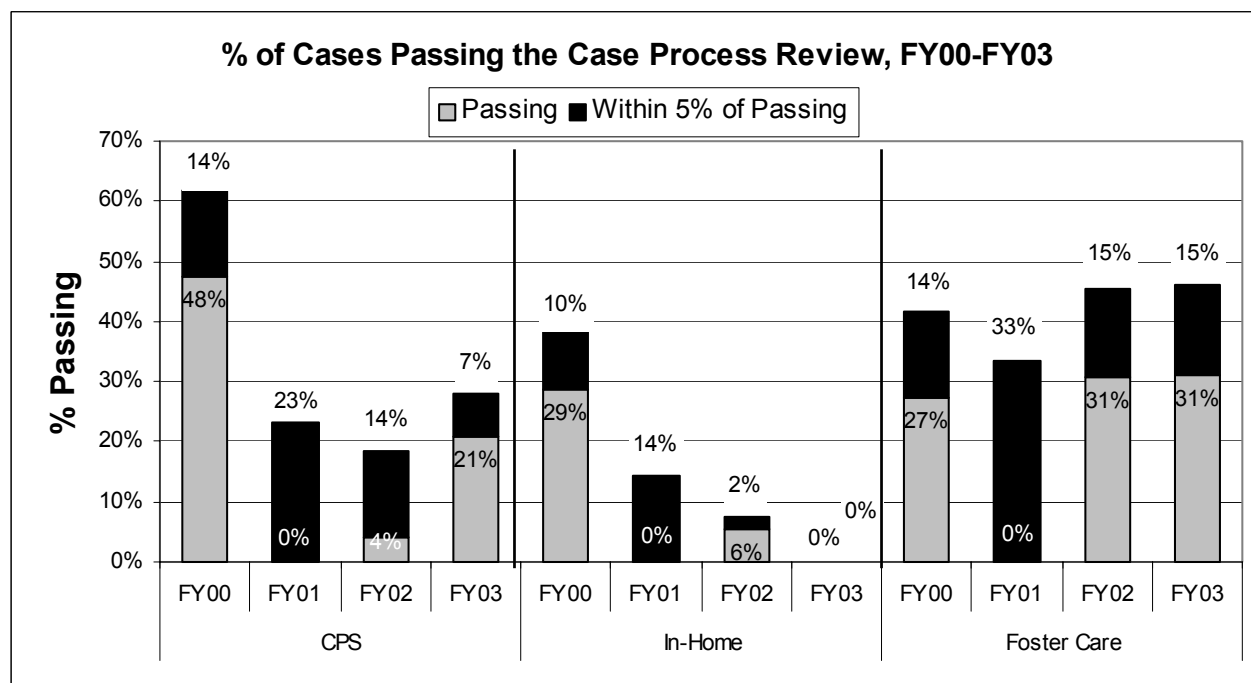
DCFS are doing very well--92% of cases reviewed passed the overall score for Client and Family Status. Once again, all regions met the 85% criteria on Child Status. Results of the System Performance showed an improvement of nearly ten percentage points.

Future Actions: The Qualitative Case Review reports for each region identify practice development opportunities and recommendations. As in prior years, the Office of Services Review (OSR) this year will conduct regional training sessions and help develop on-going assistance to individual caseworkers and teams. In addition, each region will involve OSR to help the region implement its individual action plan to improve region performance. To demonstrate performance sufficient to exit from the Performance Milestone Plan, each region must reach the following goals in two consecutive reviews:

- 85% of cases attain a passing score on the Child and Family Status scale.
- 85% of cases attain a passing score on the System Performance scale, with core indicators attaining at least a 70% rating.

CASES REACHING GOAL ON CASE PROCESS REVIEW

Source: Office of Services Review



Definition: The Case Process Review (CPR) measures how well the Division of Child and Family Services (DCFS) achieves certain state statute and policy requirements and helps measure how well the Division satisfies Practice Model requirements.

The Case Process Review evaluates three program areas: Child Protective Services (CPS), Home-Based Services and Foster Care Services. A statistically significant number of case files are pulled and reviewed from each program area statewide. Case readers review the file to determine whether documentation meets policy requirements. The performance goals for the case process review are either 85% or 90% compliance rate depending on the area evaluated.

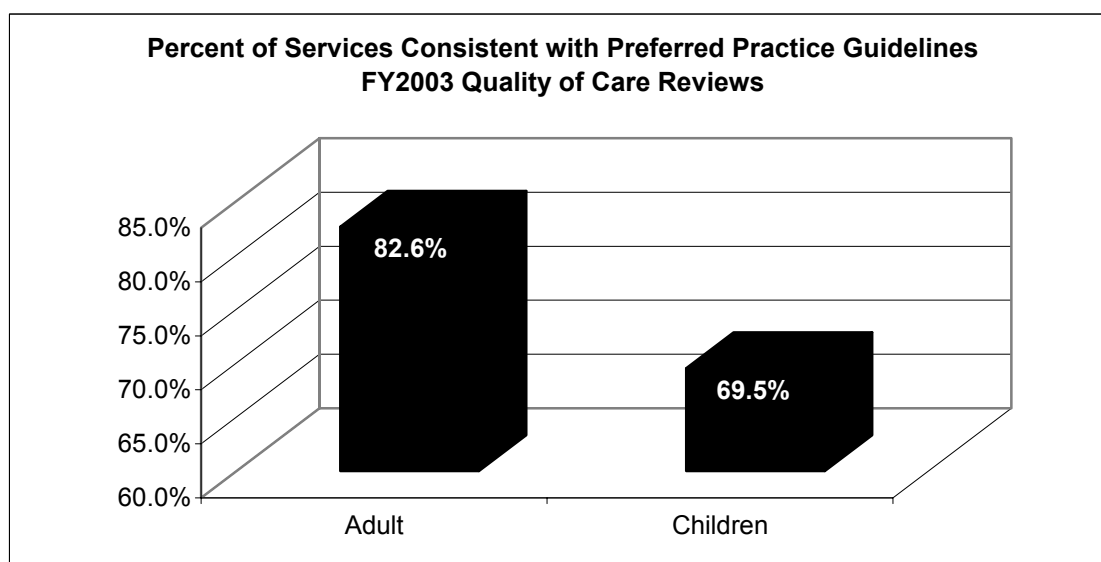
Analysis: The results of this year's review are similar to the results from previous years. There was improvement in some scores when compared to last year's review and other scores declined. There were 11 items that reached or exceeded the target goal. There were five items that were close to meeting the target goal and the remaining items were below the target goal by varying degrees depending on the

identified items. However, as a total there were 34 items that scored higher this year than last year and 24 items scored lower. The foster care scores improved the most with 19 scores increasing, then CPS with an increase in nine scores and home based had six items increase. The foster care scores were the second best in the past five years.

Future Actions: As part of a continuous improvement process, the Office of Services Review (OSR) has partnered, and will continue to partner with DCFS to help caseworkers meet these goals. Among other efforts, OSR conducted trainings with workers, supervisors, and teams, and trained the division milestone coordinators in how to read and score the case process tool, thus allowing them to read case files with confidence that what they find will be similar to the results of the CPR review. Supervisors are using an "internet quality assurance" instrument, that mirrors the CPR tool, to evaluate worker performance and to help in training and mentoring workers.

MENTAL HEALTH SERVICES CONSISTENT WITH PREFERRED PRACTICE GUIDELINES

Source: Division of Substance Abuse and Mental Health



Definition: The chart above shows results from quality of care reviews conducted in community mental health centers. The Division reviewed client care and consistency using preferred practice guidelines. For each adult client reviewed, guidelines were rated as to whether there was full compliance or not with adult preferred practice guidelines for the diagnoses. For each child or youth client reviewed, guidelines were rated as to whether there was full compliance or not with Utah Preferred Practice Guidelines: Assessment and Treatment Planning for Children and Youth. The percent of guidelines rated as full compliance or consistent with guidelines were calculated for adult clients and children and youth clients and are shown above for FY03. Because the calculation procedures were revised, past year data are not shown.

Analysis: For adult clients, there was full compliance or consistency with 82.6 percent of the guidelines used for clients. For children and

youth clients, there was full compliance or consistency with only 69.5 percent of the guidelines used for clients. The reviewers believe that inconsistencies occurred because adult guidelines continue to be used at the majority of the centers. Prompts are not provided for components unique to children and youth in assessment and treatment.

Future Actions: In the future, the Division will continue to monitor the use of Preferred Practices. Centers, their clinicians and other personnel will be encouraged to more closely follow these Guidelines.

Consumer Satisfaction

- Clients Satisfied with Services (DHS)
- Clients Feeling They Were Included in Decisions about Services (DSAMH)
- Valid Complaints to Office of Child Protection Ombudsman (OCPO)
- Percent of DCFS Cases in the Qualitative Case Review that Scored Acceptably on the Overall Satisfaction Indicator (OSR) ***NEW***

CLIENTS SATISFIED WITH SERVICES

Source: Represented Divisions

Division	Question (FY03)	Population	Rating
Services for People with Disabilities	Persons with DD/MR or Brain Injury using Provider Agency Model		
	<ul style="list-style-type: none"> I am satisfied with my direct care staff 	54 individuals interviewed by the Quality Enhancement Team	93% Agree
	<ul style="list-style-type: none"> I am satisfied with my support coordinator. 	147 individuals interviewed by the Quality Enhancement Team	95% Agree
	Persons with DD/MR or Brain Injury using Self-Administered Model		
	<ul style="list-style-type: none"> I would rate the staff I hire and manage as "good" or "excellent". 	533 individuals who completed the survey	100% Agree
	<ul style="list-style-type: none"> I would rate my support coordinator as "good" or "excellent". 	529 individuals who completed the survey	98% Agree
	Persons with Physical Disability		
	<ul style="list-style-type: none"> Overall I would rate the quality of the services I receive from my attendant(s) as "good" or "excellent". 	48 individuals who completed the survey	100% Agree
	<ul style="list-style-type: none"> Overall, I would rate the quality of support I receive from my state nurse coordinator as "good" or "excellent". 	48 individuals who completed the survey	91% Agree
Mental Health	I would recommend this center to a friend or family member.	2,300 adult clients of Community Mental Health Centers.	77% Agree
	Overall, I am satisfied with the services I received	306 youth clients of Community Mental Health Centers	81% Agree

Definition: A number of divisions within the Department of Human Services conduct consumer satisfaction surveys at varying intervals. Each division asked questions differently, of very different populations and population sizes, and on different schedules, therefore comparing results across divisions is not recommended. During FY03, the Divisions of Services for People with Disabilities and Mental Health conducted consumer satisfaction surveys. The results are presented above.

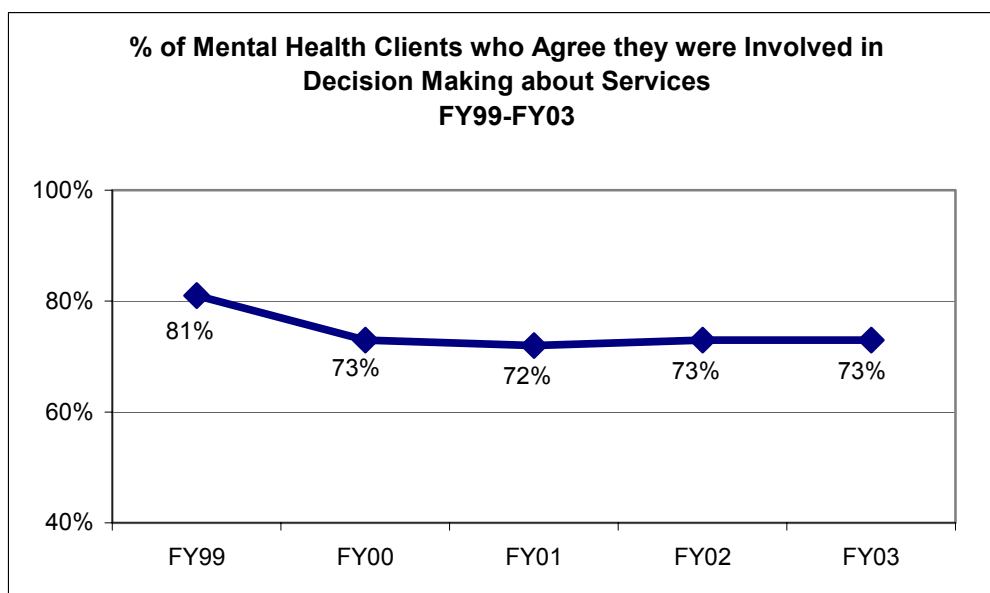
Analysis: In general, the survey results are not representative of the total population served

by each division. However, the results provide useful information regarding division performance. Overall, clients who responded to the surveys were satisfied with the services they received from their respective divisions.

Future Actions: Each division's survey identified areas where the division could improve in its services. The divisions will work with their staff and providers to improve services to clients.

CLIENTS FEELING THEY WERE INCLUDED IN DECISIONS ABOUT SERVICES

Source: Division of Substance Abuse and Mental Health



Definition: The Division administers a client satisfaction survey to its Mental Health clients throughout the year. The survey gathers opinions from clients on 28 items. The graph above shows the response to: “I have been included in the decision making about my services.”

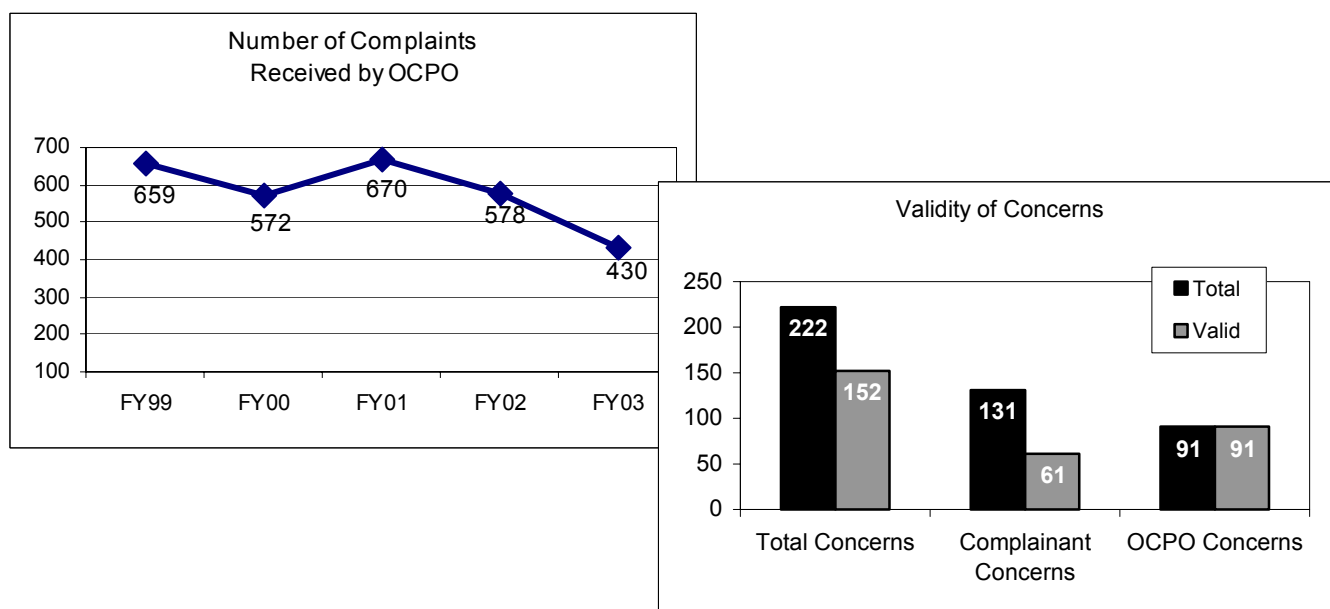
Analysis: The graph above indicates that nearly three-quarters (73%) of clients felt they were involved in making decisions regarding

their services. This is consistent with the past three years but represents a decline from the late 1990s.

Future Actions: Community Mental Health Centers will examine the data and determine if staff attitudes have changed in the negative direction. If so, centers will be encouraged to provide inservice training to correct the problem.

VALID COMPLAINTS TO OFFICE OF CHILD PROTECTION OMBUDSMAN

Source: Office of Child Protection Ombudsman



Definition: The charts above show 1) the number of complaints that OCPO received in the past year, and 2) the number of concerns they investigated related to the complaints and the number of those concerns they found valid.

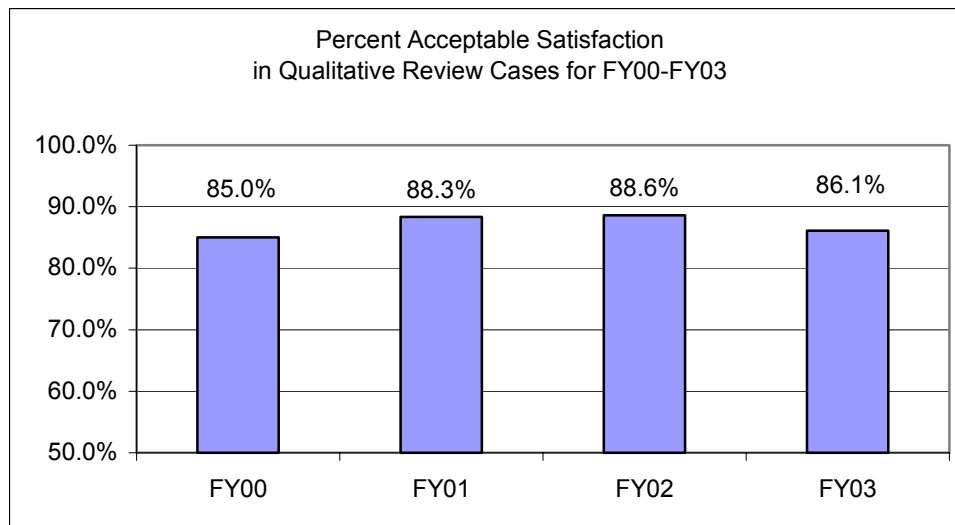
Analysis: The Office of Child Protection Ombudsman (OCPO) acts as an independent advocate for children and families served by Utah's Division of Child and Family Services (DCFS). The function of OCPO is to receive and process complaints regarding DCFS. Some complaints result in investigations, while others are resolved through OCPO working directly with DCFS. As necessary, OCPO makes recommendations regarding case planning as well as systemic changes to address concerns found to be valid by the office.

Overall, OCPO received 430 complaints (down 26% from 578 in FY02) regarding DCFS services, of which 139 (33%) were provided with the needed and information and 216 (50%) were referred to DCFS. OCPO received 75 requests for investigation--45 of the requests were reviewed by the Ombudsman and denied. 30 were accepted for investigation. The 30 investigations contained 222 individual concerns--69% of these were found to be valid. Most complaints focused on inadequate CPS investigations, inadequate services provided by DCFS, and foster children not being returned home.

Future Actions: As part of OCPO's efforts to improve and enhance the services provided to customers, OCPO is reviewing its processes to determine where it could be more efficient and effective.

PERCENT OF DCFS CASES IN THE QUALITATIVE CASE REVIEW THAT SCORED ACCEPTABLY ON THE OVERALL SATISFACTION INDICATOR

Source: Division of Child and Family Services and Office of Services Review



Definition: During the Qualitative Review process, reviewers interview the children, families and substitute caregivers in each case. Based on the interviews and a satisfaction survey that is completed, the reviewers rate the satisfaction of the individuals and then these individual scores are combined into an overall rating for each case.

Analysis: Between 85 and 88 percent of clients expressed overall satisfaction with services from Child and Family Services over the past four years. Most clients do not solicit services from the Division but are involuntary

customers, consequently it is anticipated that some clients will not express approval. Regardless of the involuntary nature of services, a high number of clients state they are satisfied with the services they receive.

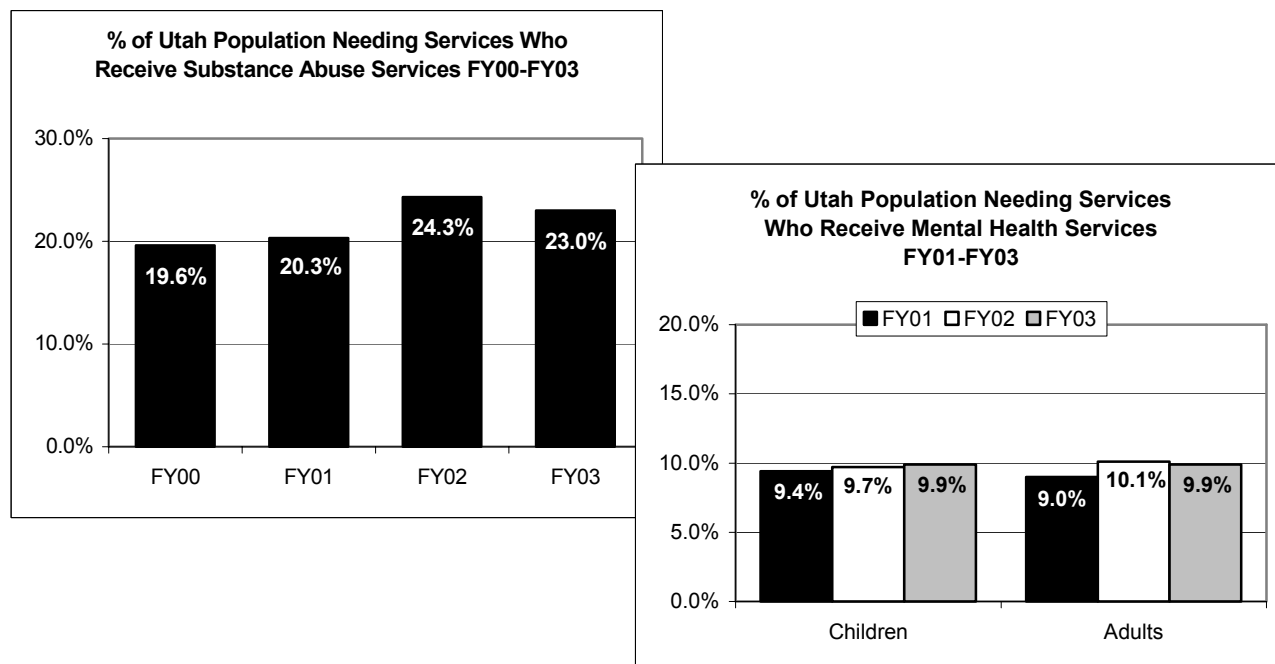
Future Actions: Child and Family Services completed its training of all caseworkers on the Practice Model. The Practice Model emphasizes strengths-based interaction with the family. We anticipate that as all workers utilize this practice, scores may elevate slightly.

Consumer Accessibility to Services

- Utah Population Needing Services Served by the Mental Health and Substance Abuse Systems (DSAMH)
- Adult Clients Saying they were able to get Services they Needed (DSAMH)
- Children in DCFS Custody who have Initial Health and Dental Exams within Specified Time Frames (DCFS)

UTAH POPULATION NEEDING SERVICES SERVED BY THE MENTAL HEALTH AND SUBSTANCE ABUSE SYSTEMS

Source: Divisions of Substance Abuse and Mental Health



Definition: The percent of those needing treatment in the State was determined from recent prevalence estimates and needs assessment surveys. These percentages were applied to state census data.

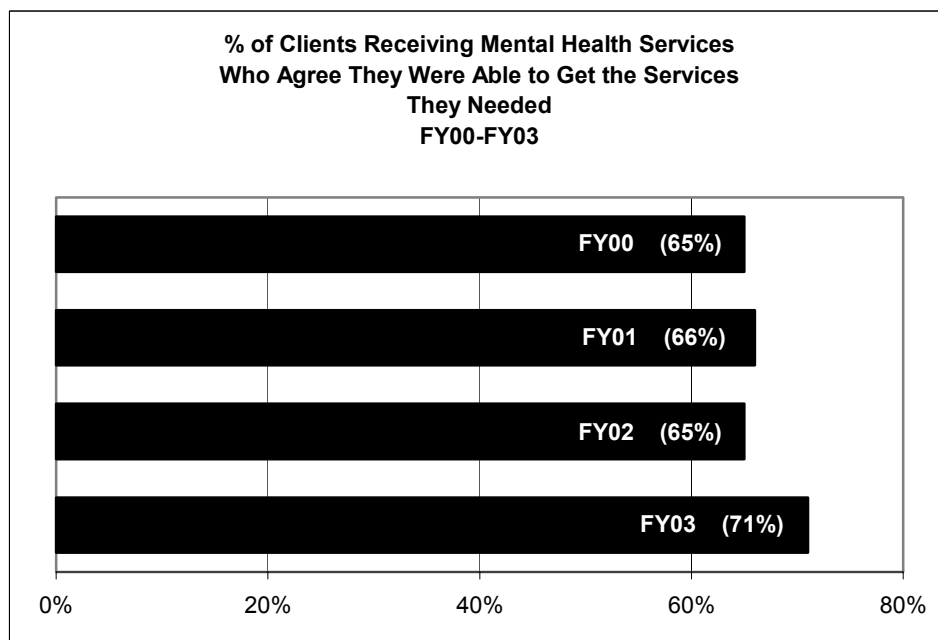
Analysis: Using estimates from national studies, about one in five children and adults in the community have diagnosable mental disorders during a given year. Only about one-tenth (9.9%) of these populations received public mental health services in Utah in FY03. The mental health system primarily focuses on a subset of this population defined as mentally ill.

Approximately 77,700 adults in Utah are either dependent on or abusing drugs and/or alcohol and are in need of the help that our local services provide (Figure based on data from the 2000 Needs Assessment Survey). Of those, the treatment provider network in Utah was able to serve approximately 21,400 (23%)—a higher percentage than those served in other states.

Future Actions: In cooperation with Local Substance Abuse Authorities and Community Mental Health Centers, the Division will develop policies and procedures to deliver quality services to as many people as possible using limited resources.

ADULT MENTAL HEALTH CLIENTS SAYING THEY WERE ABLE TO GET SERVICES THEY NEEDED

Source: Division of Substance Abuse and Mental Health



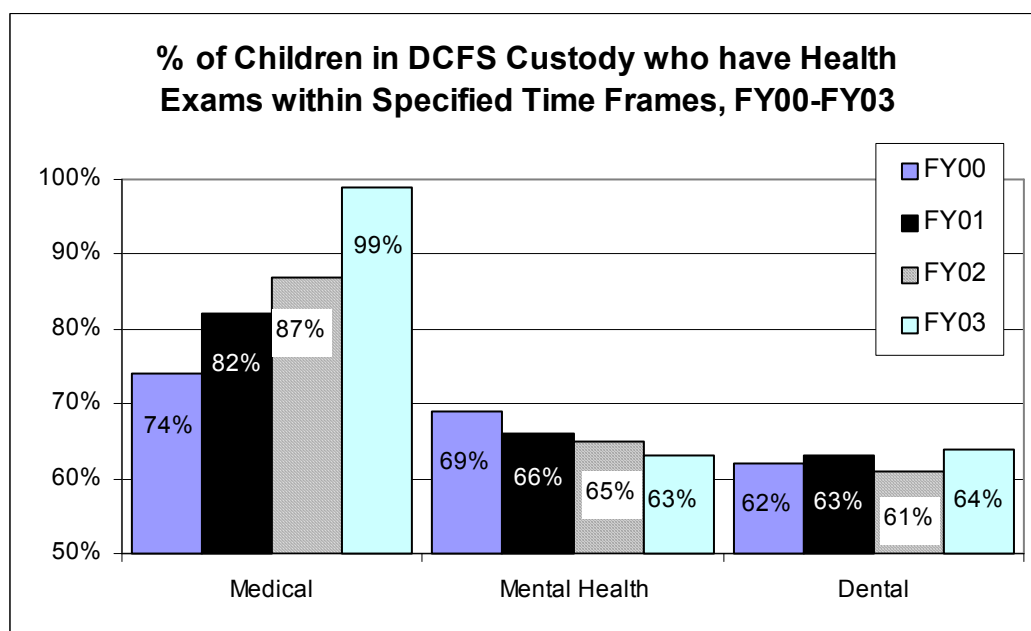
Definition: The Division administers a client satisfaction survey to its clients throughout the year. The survey gathers opinions from clients on 28 items. The graph above shows the response to: “I was able to get the services I thought I needed.”

Analysis: The graph above indicates that over two-thirds (71%) of clients felt they were able to get the services they needed from Community Mental Health Centers. This result is higher than previous years on this question.

Future Actions: The observed results are similar to other states on this question. Individual centers that fall significantly below 71% will be encouraged to track services carefully and make service improvements.

CHILDREN IN DCFS CUSTODY WHO HAVE INITIAL HEALTH AND DENTAL EXAMS WITHIN SPECIFIED TIME FRAMES

Source: Division of Child and Family Services



Definition: Data were obtained by looking at all children entering care who were in custody at least 30 days. Medical and mental health assessments are due within 30 days of the child coming into DCFS custody. Children over age three receive a dental examination within 30 days of removal from their home. Thereafter, these exams are due annually. The percentage of children receiving medical and mental health screenings and dental health examinations within 40 days of entering custody was determined. Forty days was used to give workers a ten-day grace period to complete health exams.

Analysis: These data show that the majority of children's medical needs are reviewed when children first come into DCFS custody. In total, 99% of all children in foster care received medical assessments, 63% mental health assistance, and 64% received dental exams prior to exiting care. The percent of children who receive timely medical exams has continued to

rise over the past four years, while mental health assessments have slightly decreased. Dental exams have slightly increased in FY03. The Division will work to ensure that all children received timely health assessments and care. In rural areas, less access to dental and mental health providers may cause delays.

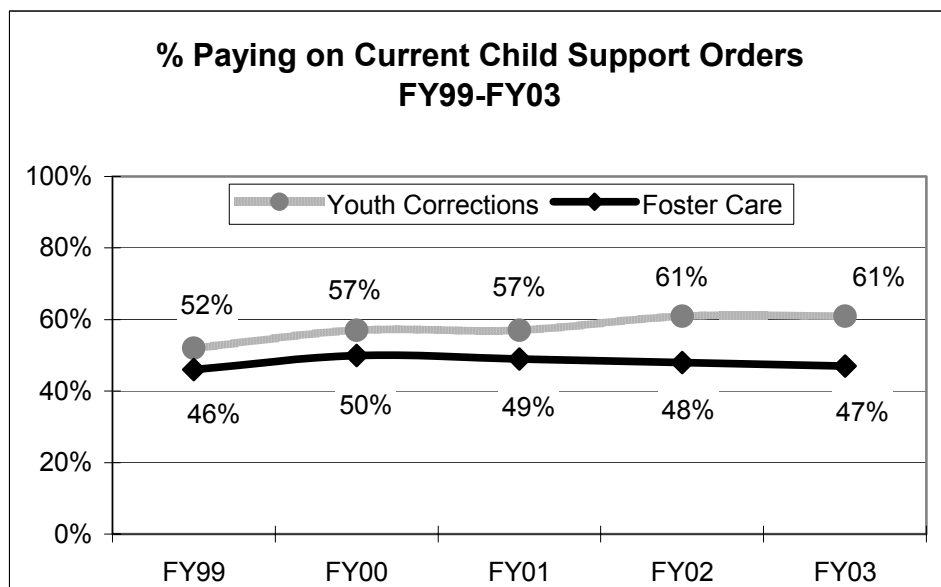
Future Actions: DCFS' goal is to ensure that all children in DCFS custody receive necessary medical, dental, and mental health care within the prescribed time frame.

Consumer Responsibility

- Families with Children Receiving Services from DHS Paying on Current Orders (where order was established) (ORS)
- Victim Restitution Paid and Community Service Hours Completed (DYC)
- Substance Abuse Clients who Successfully Discharge from Treatment (DSAMH)
- AWOLs from the Utah State Hospital (DSAMH)
- Paternity Resolved (ORS)

FAMILIES WITH CHILDREN RECEIVING SERVICES FROM DHS PAYING ON CURRENT ORDERS (WHERE ORDER IS ESTABLISHED)

Source: Office of Recovery Services



Definition: The number of families whose children are in the care/custody of the state from whom at least one payment was received within the most recent three months divided by the total number of families with children in the care/custody of the state.

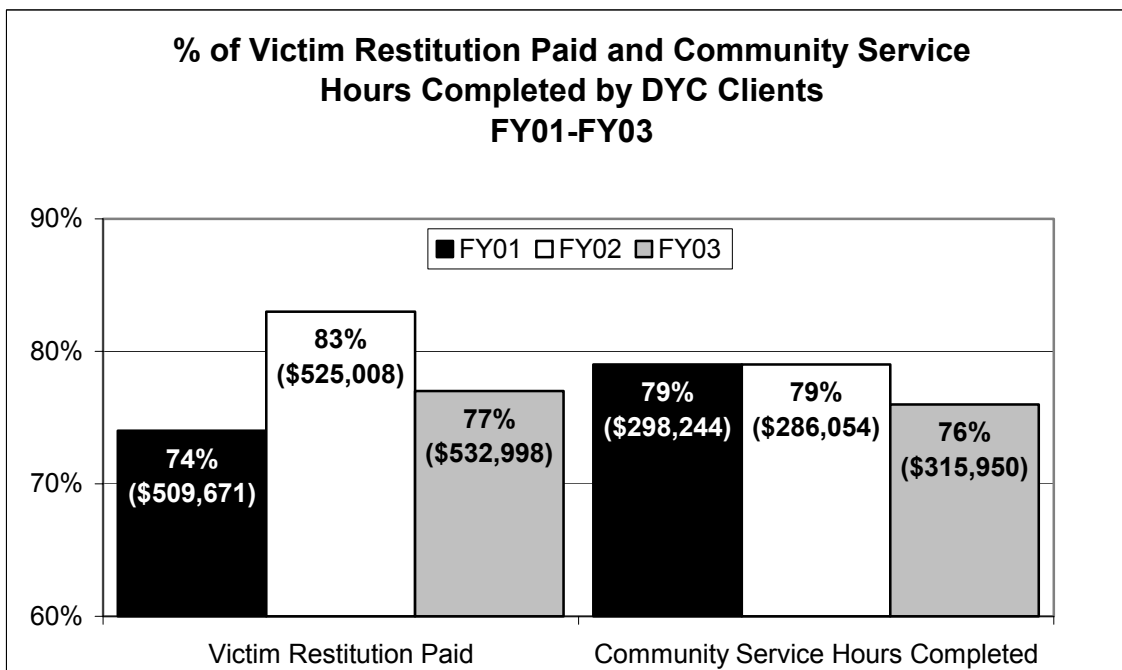
Analysis: This measure indicates how well the Office of Recovery Services (ORS) is able to collect past and current child support for children receiving services through the Department. These collections offset costs associated with providing services, thus helping to ensure appropriate use of funds as well as future availability of services.

The percent of payments on current orders for children in foster care decreased by 1% in the past fiscal year, while payment for children in Youth Corrections remained stable.

Future Actions: ORS will continue in-depth, ongoing training for staff, as well as ensure that program policy is current and available to staff to support their case management activities. Case management process improvement is ongoing. ORS also plans to continue ongoing enhancements of its computer system. This will allow for increased efficiency in conducting case management and accounting activities. In addition, recent improvement in the process of receiving custody orders from the Juvenile Court is anticipated to contribute to the efficiency of establishing child support orders. This will allow collection to begin more quickly.

VICTIM RESTITUTION PAID AND COMMUNITY SERVICE HOURS COMPLETED

Source: Division of Youth Corrections



Definition: The figures in the chart above indicate the percentage of total community service hours completed and victim restitution paid prior to custody termination. The chart also includes the total number of community service hours completed and the total amount of restitution that was paid for FY01 to FY03.

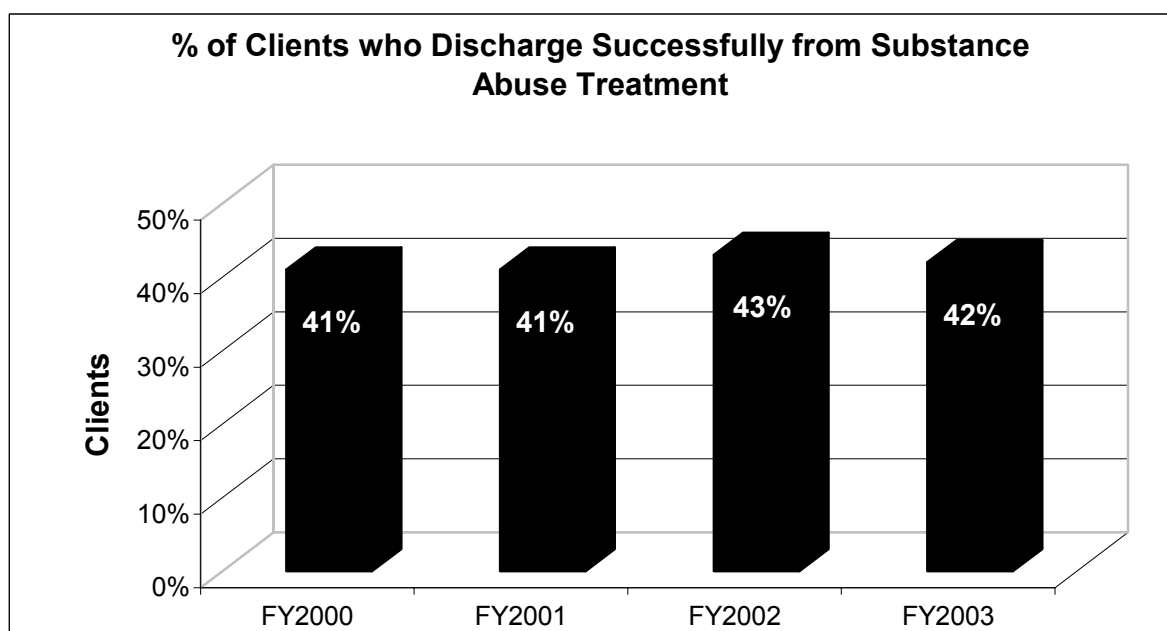
Analysis: An important objective of the Division of Youth Corrections (DYC) is to help youth make amends for their delinquent behavior. To do this, youth receive court orders to do community service hours and/or pay restitution to their victims prior to custody termination. By the time they were terminated

from DYC custody, clients completed 315,950 community service hours (76%) and paid \$532,998 in victim restitution, which is 77% of the total amount ordered. While community service hours and restitution rates have decreased from FY02, the amounts for each have increased.

Future Actions: DYC and the courts are joining their efforts to expand the number of community service opportunities available to youth. This, in turn, will increase the paid restitution and community service hours worked.

SUBSTANCE ABUSE CLIENTS WHO SUCCESSFULLY DISCHARGE FROM TREATMENT

Source: Division of Substance Abuse and Mental Health



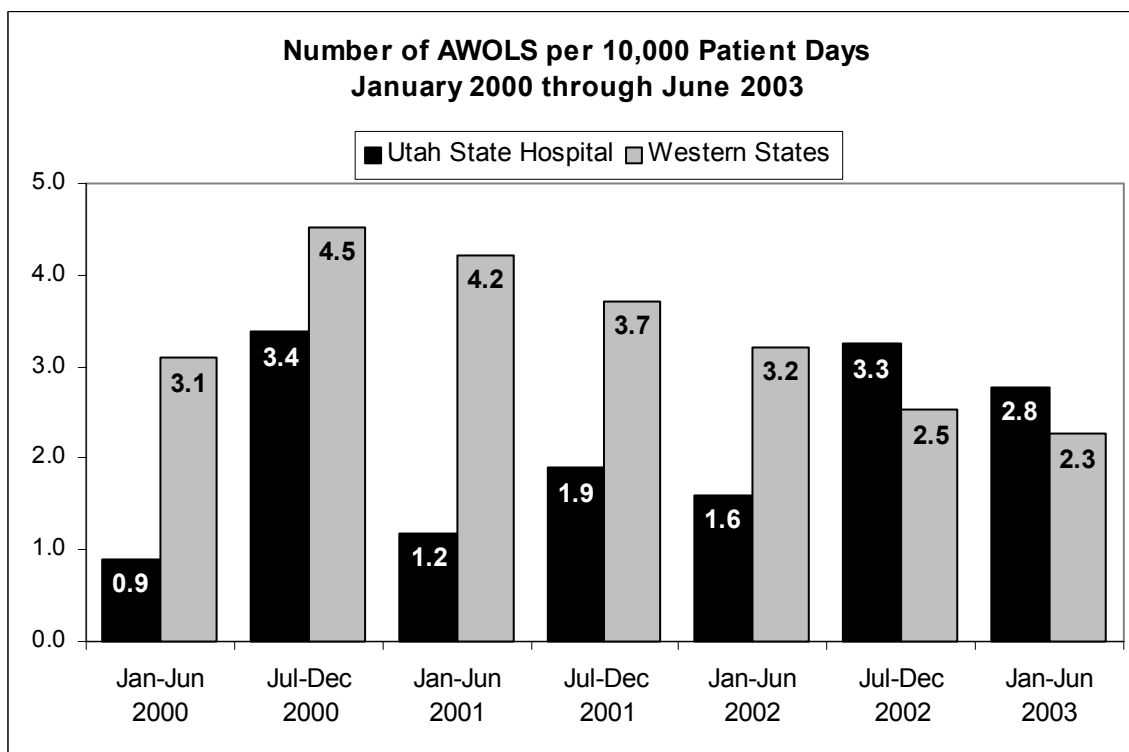
Definition: After discharge from substance abuse treatment, it is determined whether each client successfully completed the prescribed treatment. Reasons for discontinuing services include leaving against professional advise, incarceration, and termination by the facility due to rule violations.

Analysis: The percentage of clients who successfully complete substance abuse treatment in FY03 is 42%, which is consistent with the past three years. Many patients leave treatment when they are near the end of treatment but are not officially discharged from treatment. These patients are not counted in this statistic. Because many providers define “successful” discharge differently, this graph represents only those who complete all or most of their treatment objectives. Many more are successful after they leave treatment, even without an official discharge.

Future Actions: The Division is continually striving to improve the outcome of substance abuse treatment. The Division is focused on science-based treatment to ensure quality services. Measures are also being taken to more accurately track the results of client services by developing electronic assessments and data tools.

AWOLS FROM THE UTAH STATE HOSPITAL

Source: Utah State Hospital, Division of Substance Abuse and Mental Health



Definition: The number of AWOLs (clients that have left the State Hospital without permission) at the Utah State Hospital per 10,000 patient days compared to the median number of AWOLs per 10,000 patient days for State Hospitals in 15 western states.

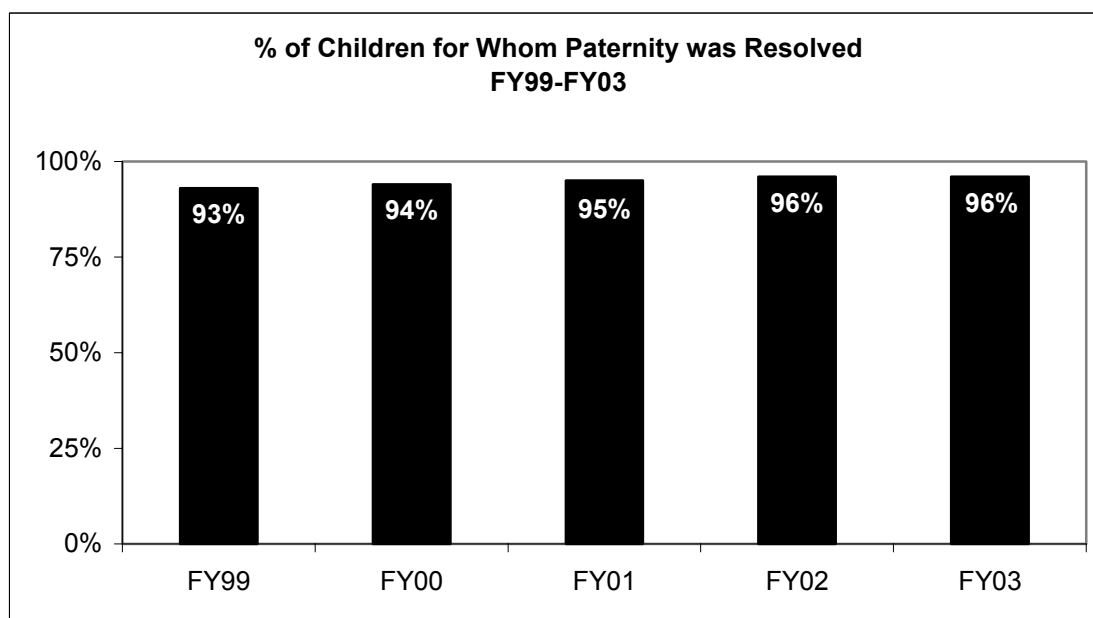
Analysis: From January 2000 through June 2002, the AWOL rates were lower at the Utah State Hospital than at hospitals in the Western States. During FY03, AWOL rates were slightly higher at the Utah State Hospital

compared to the Western States. The AWOL rates were lower during the second part of the year.

Future Actions: Division and State Hospital administrators are examining possible underlying issues and results from other states. AWOLS will continue to be monitored by the Utah State Hospital.

PATERNITY RESOLVED

Source: Office of Recovery Services



Definition: The number of children who were either born in a marriage or for whom paternity has been acknowledged or established divided by all child support cases in a given month.

Analysis: The establishment of paternity is a critical step in the establishment and enforcement of child and medical support. This measure indicates how well the Office of Recovery Services (ORS) is able to locate alleged fathers, conduct genetic testing, and proceed with administrative or judicial establishment of paternity. It also demonstrates success in the larger social goals that: (1) as many children as possible should be born within marriage; but, (2) if children are born outside of marriage, their parents acknowledge them and

accept responsibility legally in public records. The percent of cases where paternity has been resolved remained stable at 96% in FY03. Success is due to a number of factors, including more and improved location resources, the availability of voluntary declarations of paternity, and the efficient use of the administrative process to establish paternity.

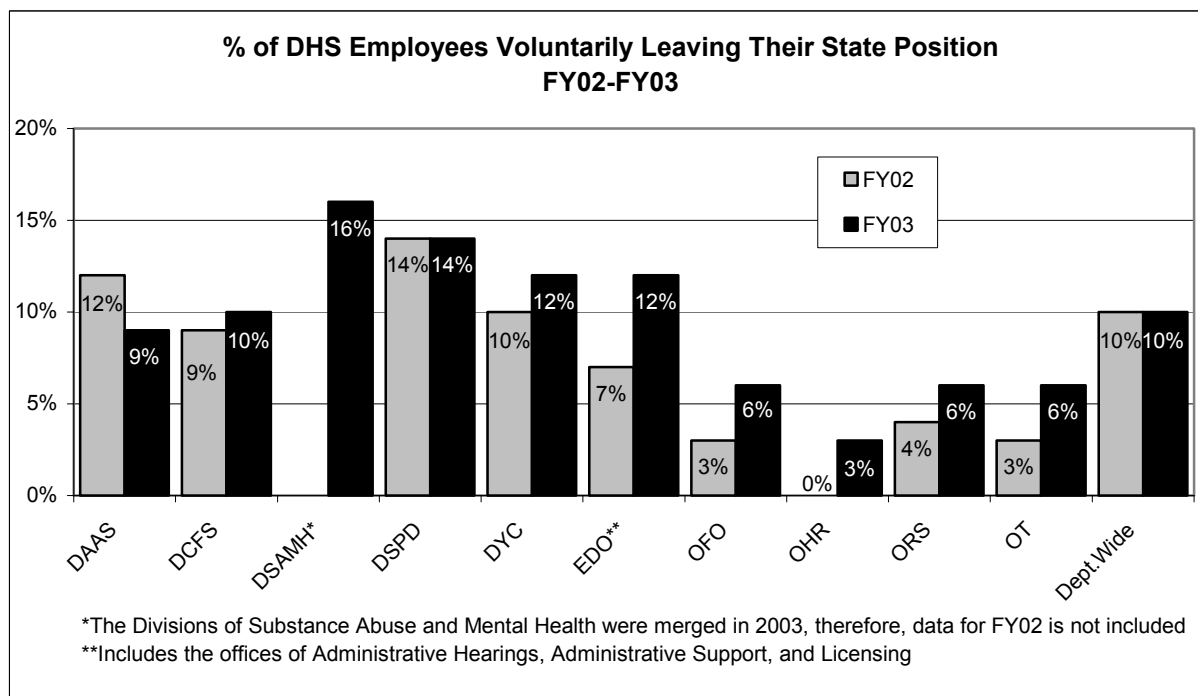
Future Actions: ORS plans, in cooperation with the Department of Health, to continue dissemination of voluntary declaration of paternity information to hospitals and clinics through the state. Development of new resources and tools for staff is ongoing.

Staff Management

- Employees Leaving their Position at the State. (OHR)

EMPLOYEES LEAVING THEIR POSITION AT THE STATE

Source: Office of Human Resources



Definition: The number of Department employees leaving State employment divided by the total number of Department employees as of August 30, 2003. Calculations include only those DHS employees that voluntarily left state employment. The count does not include temporary employees.

Analysis: The overall turnover rate for the Department was 10%, remaining steady from last year. The turnover rate ranges from 3% in

the Office of Human Resources to 16% in the Division of Substance Abuse and Mental Health.

Future Actions: The Department will continue its efforts to improve employee satisfaction so employees are more likely to continue their work for the Department.

SUMMARY

SUMMARY

The Department of Human Services uses the data presented in this report, and other performance measures, to determine whether the Department, as a whole, and its individual agencies are moving in the right direction. The Executive Director's office feels these data accurately reflect how the Department is performing, and that these measures, overall, get to the heart of what the Department aims to accomplish—to enhance the quality of life for clients; foster self-reliance; encourage stable and nurturing relationships; and ensure children, adults, and families are safe in their homes and communities.

Overall, the Department aims to work with citizens to strengthen their capabilities and independence. The Department continues to make progress towards its goal of strengthening individuals and families. Specifically, last year the Department realized the following:

- 63% of those clients who had used substances within a month of entering treatment, had either stopped or reduced their substance use by the end of treatment.
- 82% of those receiving treatment in community mental health centers either maintained or improved their general well being.
- 13.6% of patients at the State Hospital were re-admitted within 6 months of discharge. This percentage is among the lowest in the nation.
- Total child support paid to parents reached \$122 million—a 26% increase over the past five years.
- 93% of Division of Child and Family Services (DCFS) cases reviewed for the Qualitative Case Review attained a passing score for Client/Family Status and 66% attained a passing score on system performance (up from 58% in FY02).
- 90% of children leaving DCFS custody do not reenter custody within one year.
- 80% of children adopted from foster care are adopted within 24 months of entering care—well above the national standard of 32%.
- Over 6,000 domestic violence victims were sheltered in the past year.
- 57% of the delinquent youth served in the Division of Youth Corrections had no new charges for the 12 months after entering services. 77% had a reduced number of offenses.

The Department also measures the performance of divisions and programs on critical issues such as consumer satisfaction, consumer responsibility, staff management, service access and adherence to preferred practices. Highlights of these performance measures include:

- A majority of clients who were surveyed by the Divisions of Substance Abuse and Mental Health and Services for People with Disabilities reported satisfaction with Department services.
- Delinquent youth paid 77% of victim restitution monies and completed 76% of community service hours.
- 96% of the children served by the Office of Recovery Services have had their paternity resolved.
- Medicaid collections have increased by 11% and Medicaid cost avoidance increased by 16% in the past year.
- The number of complaints to OCPO regarding DCFS services dropped from 578 to 430 in the past year—a 26% decrease.